Early Childhood Development

First Ministers' Meeting Communiqué, September 11, 2000

On September 11, 2000, the Government of Canada, provincial and territorial governments reached a historic agreement on early childhood development.

Beginning in April 2001, the Government of Canada will transfer $2.2 billion over five years to provincial and territorial governments to support investments in early childhood development programs and services.

Following is the full text of the First Ministers' September 11, 2000 communiqué.

Introduction

First Ministers, with the exception of the Premier of Quebec[1], agree on the importance of supporting families and communities in their efforts to ensure the best possible future for their children. Every child should be valued and have the opportunities to develop his or her unique physical, emotional, intellectual, spiritual, and creative potential.

First Ministers affirm their commitment to the well-being of children by setting out their vision of early childhood development as an investment in the future of Canada. Canada's future social vitality and economic prosperity depend on the opportunities that are provided to children today.

First Ministers recognize that parents and families play the primary role in supporting and nurturing children. Communities, businesses, non-profit organizations, professional networks, associations, volunteers and governments also make key contributions to the well-being of children. Governments have shown leadership by taking steps to address key children's issues in their jurisdictions, individually and in partnership.

The early years of life are critical in the development and future well-being of the child, establishing the foundation for competence and coping skills that will affect learning, behaviour and health. Children thrive within families and communities that can meet their physical and developmental needs and can provide security, nurturing, respect and love. New evidence has shown that development from the prenatal period to age six is rapid and dramatic and shapes long-term outcomes.

1 While sharing the same concerns on early childhood development, Quebec does not adhere to the present federal-provincial-territorial document because sections of it infringe on its constitutional jurisdiction on social matters. Quebec intends to preserve its sole responsibility for developing, planning, managing and delivering early childhood development programs. Consequently, Quebec expects to receive its share of any additional federal funding for early childhood development programs without new conditions.

Intervening early to promote child development during this critical period can have long-term benefits that can extend throughout children's lives. Governments and other partners currently provide a range of programs and services to effectively support early childhood development. The challenge is to build on existing services and supports, to make them more coordinated and widely available.

First Ministers therefore agree to work together so that young children can fulfill their potential to be healthy, safe and secure, ready to learn, and socially engaged and responsible.

In support of this common goal, governments will improve and expand early childhood development programs and services over time. Governments will work with families and communities to help meet the needs of young children and their families. Governments will report regularly on their progress and will continue to build knowledge and disseminate information to parents, communities and service providers to help them to give children the best possible start in life.

Objectives

Focussing on children and their families, from the prenatal period to age six, the objectives of this early childhood development initiative are:

- to promote early childhood development so that, to their fullest potential, children will be physically and emotionally healthy, safe and secure, ready to learn, and socially engaged and responsible; and
- to help children reach their potential and to help families support their children within strong communities.

Four Key Areas for Action

To meet the objectives set out above, *First Ministers agree* on four key areas for action. Governments' efforts within this framework will focus on any or all of these areas. This will build on the priority that governments have placed on early childhood development and the investments that governments have already made.

1. Promote Healthy Pregnancy, Birth and Infancy

Prenatal, birth and infancy experiences have a profound effect on the health and well-being of infants and young children, and contribute to continuing good health. This priority addresses needs related to the prenatal, birth and infancy periods and includes supports for pregnant women, new parents, infants and care providers. Possible examples are prenatal programs and information, and infant screening programs.

2. Improve Parenting and Family Supports

Parents and families have the primary responsibility for the care of their children. This priority addresses the needs related to positive parenting and includes supports for parents and caregivers. Possible examples are family resource centres, parent information, and home visiting.

3. Strengthen Early Childhood Development, Learning and Care

Quality early childhood development, learning and care have been shown to promote physical, language and motor skills; and social, emotional and cognitive development. This priority includes supports that promote healthy development, provide opportunities for interaction and play, help prepare children for school and respond to the diverse and changing needs of families. Possible examples include preschools, child care and targeted developmental programs for young children.

4. Strengthen Community Supports

Communities make key contributions to the well-being of children through formal and informal networks. This priority includes supports to strengthen community capacity to meet the needs of children and families from a healthy community perspective. Possible examples include supports for community-based planning and service integration.

Governments recognize that effective approaches to supporting early childhood development are:

- focussed on prevention and early intervention;
- intersectoral;
- integrated; and
- supportive of the child within the family and community context.

Early childhood development programs and services should be inclusive of:

- children with different abilities; and
- children living in different economic, cultural, linguistic and regional circumstances.

Working Together to Meet Children's Needs

Governments will work together in full respect of each other's responsibilities, recognizing that provinces and territories have the primary responsibility for early childhood development programs and services. Each government will determine its priorities within this framework.

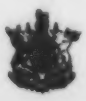
Governments will work with the Aboriginal peoples of Canada to find practical solutions to address the developmental needs of Aboriginal children.

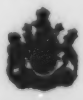
Governments will ensure effective mechanisms for Canadians to participate in developing early childhood development priorities and reviewing outcomes.

Funding

First Ministers agree that ensuring effective early childhood development is a long-term commitment to our children's future. *First Ministers agree* that investments for early childhood development should be incremental, predictable and sustained over the long term. *First Ministers are committed* to helping all sectors of society support children in their early years and to making incremental investments in this area.

First Ministers recognize that this initiative builds on the significant provincial/territorial investments already made in early childhood development and agree on the need to ensure flexibility to address local needs and priorities. This initiative also complements existing important federal investments for children and families.





Public Reporting

First Ministers believe in the importance of being accountable to Canadians for the early childhood development programs and services that they deliver. Clear public reporting will enhance accountability and will allow the public to track progress in improving the well-being of Canada's young children. Regular measuring of, and reporting on, early childhood development provides governments and others with a powerful tool to inform policy-making and to ensure that actions are as focussed and effective as possible.

Therefore, *First Ministers commit* their governments to:

- report annually to Canadians on their investments and their progress in enhancing programs and services in the four areas described above, beginning with establishing a baseline of current early childhood development expenditures and activities. Governments will begin reporting within one year and will strive to continue to improve the quality of reporting over time;
- develop a shared framework, including jointly agreed comparable indicators to permit each government to report on progress in improving and expanding early childhood development programs and services within the areas for action described above. The framework will be developed in a manner that recognizes the different starting points and pressures in each jurisdiction and is informed by their diverse priorities. Examples would include indicators of the availability and growth of programs and services related to pregnancy, birth and infancy; parenting and family supports; early childhood development, learning and care; and community supports. Governments will report on the results of this work by September 2002 and annually thereafter, beginning with the development of indicators in areas identified as priorities by jurisdictions, and expanding with the overall development of early childhood development programs and services; and
- make regular public reports on outcome indicators of child well-being using an agreed upon set of common indicators to be developed by September 2002 related to the objectives established for early childhood development. This could include currently available indicators (such as children born at healthy birth weight and infant mortality); and newly developed indicators (such as a measure of the proportion of children who are ready to learn when they start school).

First Ministers agree that governments will consult third parties to assist, as appropriate, in developing indicators and assessing progress on early childhood development.

The purpose of performance measurement is for all governments to be accountable to their publics, not to each other. The amount of federal funding provided to any jurisdiction will not depend on achieving a given level of performance.

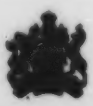
Knowledge, Information and Effective Practices

Research, knowledge and information are the foundations of evidence-based decision-making and are critical to informed policy development. Dissemination of information and sharing of effective practices can create a more knowledgeable public on issues of child development and can promote the enhancement of early childhood development programs and services.

Governments agree to work together, where appropriate, on research and knowledge related to early childhood development, share information on effective practices that improve child outcomes and work together to disseminate the results of research.

Next Steps

First Ministers direct Ministers responsible for Social Services and Health to begin implementation as soon as possible of the commitments and priorities outlined above.



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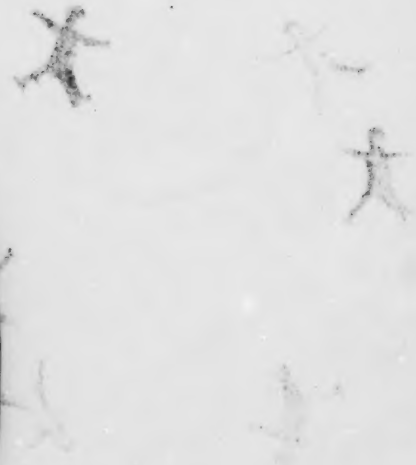
Le développement de la petite enfance

Communiqué de la réunion des premiers ministres, le 11 septembre 2000



Le 11 septembre 2000, le gouvernement du Canada et les gouvernements provinciaux et territoriaux ont conclu une entente historique sur le développement de la petite enfance. À compter d'avril 2001, le gouvernement du Canada transférera 2,2 milliards de dollars aux gouvernements provinciaux et territoriaux, sur une période de cinq ans, pour appuyer les investissements dans les programmes et les services liés au développement de la petite enfance.

Voici le texte intégral du communiqué diffusé par les premiers ministres le 11 septembre 2000.

Introduction

Les premiers ministres, sauf celui du Québec[1], reconnaissent qu'il est important d'appuyer les efforts déployés par les familles et les communautés dans le but d'assurer le meilleur avenir possible à leurs enfants. Chaque enfant devrait être respecté et avoir la possibilité d'exploiter les capacités physiques, affectives, intellectuelles, spirituelles et créatives qui lui sont propres.

Les premiers ministres affirment leur engagement envers le bien-être des enfants en précisant leur vision du développement de la petite enfance comme un investissement dans l'avenir du Canada. Le dynamisme social et la prospérité économique de la société canadienne de demain dépendent des possibilités qui sont offertes aujourd'hui aux enfants.

Les premiers ministres reconnaissent que les parents et la famille jouent un rôle primordial dans le soutien et le soin des enfants. Les communautés, les entreprises, les organismes à but non lucratif, les réseaux de professionnels, les associations, les bénévoles et les gouvernements contribuent également de façon importante au bien-être des enfants. Les gouvernements ont fait preuve de leadership en prenant individuellement et en partenariat des mesures pour répondre aux enjeux clés qui concernent les enfants.

Les premières années de la vie sont très importantes pour le développement et le bien-être d'un enfant puisque c'est à ce moment-là que s'acquièrent les capacités et les habiletés d'adaptation qui influeront sur l'apprentissage, le comportement et la santé. Les enfants s'épanouissent au sein d'une famille et d'une communauté qui répondent à leurs besoins physiques et de développement et qui fournissent sécurité, attention, respect et amour. De nouvelles preuves démontrent que le développement de la période prénatale à l'âge de six ans est rapide et impressionnant, et qu'il détermine les résultats à long terme.

Une intervention précoce pour promouvoir le développement de l'enfant au cours de cette période critique peut procurer des avantages durables pouvant s'étendre sur toute la vie. Les gouvernements et d'autres partenaires offrent présentement une vaste gamme de programmes et de services visant à appuyer efficacement le développement de la petite enfance. Le défi est de tabler sur les services et les mesures de soutien qui existent déjà afin de mieux les coordonner et de les rendre plus accessibles.

Les premiers ministres acceptent donc de travailler ensemble afin que les jeunes enfants puissent s'épanouir pleinement et qu'ils soient en santé, en sécurité, prêts à apprendre ainsi qu'impliqués socialement et responsables.

À l'appui de cet objectif commun, les gouvernements amélioreront et étendront, au fil des ans, les programmes et les services visant le développement de la petite enfance. Les gouvernements travailleront avec les familles et les communautés dans le but de répondre aux besoins des jeunes enfants et de leurs familles. Ils rendront régulièrement compte des progrès réalisés et continueront d'améliorer les connaissances et de diffuser l'information auprès des parents, des communautés et des fournisseurs de services afin de les aider à assurer aux enfants le meilleur départ possible dans la vie.

Objectifs

Les objectifs de cette initiative de développement de la petite enfance qui met l'accent sur les enfants, de la période prénatale à l'âge de six ans, sont les suivants :

- promouvoir le développement de la petite enfance de façon à ce que les enfants s'épanouissent pleinement, c'est-à-dire qu'ils soient en bonne santé sur les plans physique et affectif, qu'ils soient en sécurité, prêts à apprendre ainsi que socialement engagés et responsables;
- aider les enfants à s'épanouir pleinement et les familles à appuyer leurs enfants dans des communautés fortes.

Quatre grands domaines d'action

Afin d'atteindre les objectifs précisés précédemment, *les premiers ministres s'entendent* sur quatre grands domaines d'action. Les efforts des gouvernements dans ce cadre cibleront l'un ou l'ensemble de ces domaines, s'appuyant ainsi sur la priorité accordée par les gouvernements au développement de la petite enfance et sur les investissements déjà faits par ceux-ci.

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1 Bien que partageant les mêmes préoccupations sur le développement de la petite enfance, le Québec n'adhère pas au présent document fédéral-provincial-territorial parce que certaines de ses sections empiètent sur ses compétences constitutionnelles en matière sociale. Le Québec entend préserver sa responsabilité pleine et entière pour développer, planifier, gérer et fournir des programmes visant le développement de la petite enfance. Conséquemment, le Québec s'attend à recevoir sa part de tout financement fédéral additionnel pour tout programme visant le développement de la petite enfance et ce sans nouvelles conditions.

1. Promouvoir la santé durant la grossesse, à la naissance et au cours de la petite enfance

Les expériences périnatales exercent une influence profonde sur la santé et le bien-être du nouveau-né et du jeune enfant et contribuent à un bon état de santé durant toute la vie. Cette priorité tient compte des besoins associés à la période prénatale, à la naissance et à la petite enfance et inclut des mesures de soutien pour les femmes enceintes, les nouveaux parents, les nouveau-nés et les personnes qui prennent soin des enfants. Parmi les exemples possibles, on retrouve des programmes et de l'information prénatals et des programmes de dépistage ciblant les jeunes enfants.

2. Améliorer le soutien aux parents et aux familles

Les parents et la famille sont les premiers responsables du soin des enfants. Cette priorité répond aux besoins associés au rôle parental et inclut des mesures de soutien pour les parents et les personnes qui prennent soin des enfants. Parmi les exemples possibles, on retrouve des centres de ressources pour les familles, de l'information à l'intention des parents et des visites à la maison.

3. Renforcer le développement de la petite enfance, l'apprentissage et les soins aux enfants

On a démontré que des programmes d'aide au développement et à l'apprentissage ainsi que des soins de qualité durant la petite enfance favorisent le développement des habiletés physiques, linguistiques et motrices ainsi que le développement social, affectif et cognitif. Cette priorité inclut des mesures qui favorisent un sain développement, fournissent des occasions d'interaction et de jeu; aident à préparer les enfants pour l'école et répondent aux besoins variés et changeants des familles. Parmi les exemples possibles, on retrouve des programmes préscolaires, de garderies et des programmes ciblés de développement pour les jeunes enfants.

4. Renforcer le soutien des communautés

Les communautés contribuent de façon significative au bien-être des enfants par l'intermédiaire de réseaux formels et informels. Cette priorité inclut des mesures visant à renforcer la capacité des communautés de répondre aux besoins des enfants et des familles dans l'esprit des communautés en bonne santé. Parmi les exemples possibles, on retrouve le soutien à la planification axée sur la communauté et l'intégration des services.

Les gouvernements reconnaissent que pour appuyer le développement de la petite enfance, les méthodes doivent :

- être axées sur la prévention et l'intervention précoce;
- être intersectorielles;
- être intégrées; et
- appuyer l'enfant dans le milieu communautaire et familial.

Les programmes et services relatifs au développement de la petite enfance devraient inclure :

- les enfants possédant différentes habiletés; et
- les enfants de différents milieux linguistiques, culturels, économiques et régionaux.

Collaborer pour répondre aux besoins des enfants

Les gouvernements travailleront ensemble en respectant pleinement leurs responsabilités respectives, reconnaissant que la responsabilité des programmes et des services de développement de la petite enfance incombe d'abord aux provinces et aux territoires. Chaque gouvernement déterminera ses priorités à l'intérieur de ce cadre.

Les gouvernements travailleront en collaboration avec les Autochtones du Canada en vue de trouver des solutions pratiques aux problèmes de développement des jeunes enfants autochtones.

Les gouvernements s'assureront qu'il existe des mécanismes de participation des Canadiens à la définition des priorités en matière de développement de la petite enfance et à l'examen des résultats.

Financement

Les premiers ministres conviennent que le développement de l'enfance exige un engagement à long terme en faveur de l'avenir de nos enfants. *Les premiers ministres ont également convenu* que le financement pour le développement de la petite enfance devait être augmenté, prévisible et soutenu au fil des ans. *Les premiers ministres se sont engagés* à aider tous les secteurs de la société à soutenir les enfants en bas âge et à consacrer des investissements supplémentaires à ce domaine.

Les premiers ministres reconnaissent que cette initiative mise sur les investissements considérables déjà faits par les provinces et les territoires dans le développement de la petite enfance et s'entendent sur la nécessité de faire preuve de souplesse face aux priorités et aux besoins locaux. L'initiative s'ajoute également aux sommes importantes déjà consacrées par le fédéral aux enfants et aux familles.

Rapports au public

Les premiers ministres croient en l'importance de rendre des comptes à la population canadienne en ce qui concerne les programmes et les services qu'ils offrent pour le développement de la petite enfance. Des rapports clairs pour le public amélioreront le processus de reddition de compte et permettront au public de suivre les progrès réalisés en vue d'accroître le bien-être des jeunes enfants canadiens. Des évaluations périodiques du développement de la petite enfance et des rapports réguliers à ce sujet constituent pour les gouvernements et d'autres intervenants des outils puissants aux fins de l'élaboration des politiques et pour s'assurer que les mesures prises sont les mieux ciblées et les plus efficaces possibles.

Les premiers ministres s'engagent donc à :

- remettre à la population canadienne un rapport annuel sur leurs investissements et leurs progrès en ce qui concerne l'amélioration des programmes et des services dans les quatre domaines décrits précédemment, en commençant par l'établissement des données de base sur les dépenses et activités actuelles en matière de développement de la petite enfance. Les gouvernements commenceront à fournir des rapports d'ici un an et s'efforceront de continuer d'améliorer la qualité de leurs rapports avec le temps;
- élaborer un cadre commun, y compris des indicateurs comparables acceptés conjointement, de façon à permettre à chacun des gouvernements de rendre des comptes sur les progrès réalisés dans l'amélioration et l'accroissement des programmes et des services visant le développement de la petite enfance dans les quatre domaines décrits précédemment. L'élaboration de ce cadre devra reconnaître que le point de départ de chacun des gouvernements est différent, que chacun doit faire face à des pressions différentes et que leurs priorités sont diversifiées. Mentionnons à titre d'exemple les indicateurs de la disponibilité et de la croissance des programmes et des services prénatals, les indicateurs relatifs à la petite enfance, aux mesures de soutien aux parents et aux familles, au développement de la petite enfance, à l'apprentissage et aux soins ainsi qu'au soutien offert par la collectivité. Les gouvernements présenteront les résultats de ce travail d'ici septembre 2002 et chaque année par la suite, en commençant par l'élaboration d'indicateurs dans les domaines déclarés prioritaires par chaque gouvernement et s'étendant par la suite à l'ensemble des programmes et des services relatifs au développement de la petite enfance;
- présenter régulièrement au public des rapports sur les indicateurs de résultats sur le bien-être des enfants, en utilisant un ensemble d'indicateurs communs, devant être mis au point pour septembre 2002, qui se rattachent aux objectifs établis relativement au développement de la petite enfance et qui seront élaborés progressivement. Des indicateurs qui existent déjà pourraient servir à cette fin (par ex., le pourcentage de nouveau-nés dont le poids est normal à la naissance et le taux de mortalité infantile), de même que des indicateurs élaborés récemment (comme le pourcentage des enfants prêts à apprendre à leur entrée à l'école).

Les premiers ministres conviennent que chaque gouvernement consultera des tierces parties pour les aider, au besoin, lors de l'élaboration des indicateurs et de l'évaluation des progrès concernant le développement de la petite enfance.

L'objectif des mesures de rendement est de faire en sorte que tous les gouvernements rendent compte de leurs activités à leurs publics et non pas l'un à l'autre. Le montant du financement fédéral que recevront les divers gouvernements ne dépendra pas de la réalisation d'un niveau particulier du rendement.

Connaissances, information et pratiques efficaces

La recherche, les connaissances et l'information sont à la base de décisions fondées sur des faits et des politiques éclairées. La diffusion de l'information et les échanges concernant les pratiques efficaces contribuent à informer la population sur le développement de la petite enfance et peuvent encourager l'amélioration des programmes et services de développement de la petite enfance.

Les gouvernements conviennent de travailler ensemble, s'il y a lieu, à des activités de recherche et d'acquisition de connaissances sur le développement de la petite enfance, d'échanger de l'information sur les pratiques qui donnent des résultats chez les enfants en bas âge et de travailler ensemble pour diffuser les résultats des travaux de recherche.

Prochaines étapes

Les premiers ministres demandent aux ministres responsables de la Santé et des Services sociaux de commencer le plus tôt possible la mise en oeuvre des engagements et des priorités précédemment décrits.

FEDERAL/PROVINCIAL/TERRITORIAL

Early Childhood Development Agreement

Report on Government of Canada Activities and Expenditures 2000-2001

Canada

Également disponible en français sous le titre *Entente fédérale-provinciale-territoriale sur le développement de la petite enfance : Rapport sur les activités et dépenses du gouvernement du Canada pour 2000-2001*

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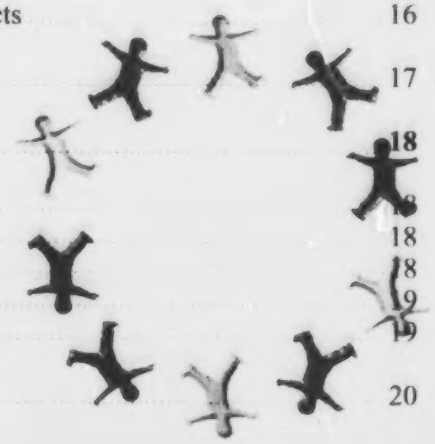

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Preface

In September, 2000, the Government of Canada, provincial and territorial governments reached a historic agreement to improve and expand the services and programs they provide for children under 6 years of age and their families. The Early Childhood Development (ECD) Agreement is a long-term commitment to help young children reach their potential, and to help families support their children. To support this commitment, the federal government is providing $2.2 billion over five years to provincial and territorial governments to support their investments in young children.

Under the Early Childhood Development Agreement, First Ministers have adopted an important new approach to being accountable to Canadians for the early childhood development programs and services governments deliver. They have committed to report annually to Canadians on their progress in enhancing early childhood development programs and services.

As a first step, all governments agreed to establish a "baseline" of their current early childhood development activities and spending, against which their future progress can be measured. Future reporting will track improvements and expansions to early childhood programs and services and will include indicators of child well-being in Canada.

This report is the Government of Canada's baseline. Individual provincial and territorial governments will be meeting the commitments they have made under the Agreement by providing their own baselines of programs and services.

This report provides a comprehensive overview of the Government of Canada's current activities and expenditures in the area of early childhood development. It includes descriptions of each activity, and where applicable and available the number of children and families affected. It also describes the funding levels for each activity in 1999-2000 and 2000-2001. Tables at the end of the report summarize the information in the report by federal government department.

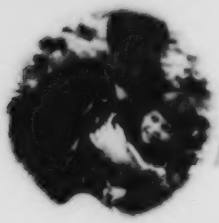
This is the Government of Canada's first report on early childhood development and we will strive to improve the quality of reporting over time.

Who Are Our Children?

- In 2000, there were 2,172,804 million children under age 6 in Canada. They represent 7.1% of the total population.
- In 1999-2000, there were approximately 335,000 babies born in Canada.
- According to the Census, in 1996 there were 170,480 Aboriginal children under 6 in Canada.
- In 1996, approximately 77.2% of children under 6 in Canada lived in cities and 22.8% lived in rural communities.
- In 1996, approximately 97.5% of children under 6 were born in Canada and 2.5% were born outside Canada.
- According to the National Longitudinal Survey of Children and Youth, in 1998-1999:
  - Approximately 14% of children under 6 in Canada lived with only one parent.
  - Approximately 8% of young children first learned or were spoken to in a language other than French or English at home.

Sources: *Annual Demographics 2000*, data on the CD-ROM. Statistics Canada, *CANSIM*, Matrix 5772 and Catalogue no 91-213-XIB.
Statistics Canada, *1996 Census of Canada*. Public Use Microdata Files.
National Longitudinal Survey of Children and Youth, Cycle 3: 1998-99. (Note: Data do not include information on northern and territorial communities. Family custody was asked only to new participants in Cycle 3 of the survey.)

[1] The Government of Quebec has stated that while sharing the same concerns as other governments on early childhood development, it does not adhere to the federal/provincial/territorial Early Childhood Development Agreement. The Government of Quebec is receiving its share of funding from the Government of Canada for early childhood development programs and services through the Canada Health and Social Transfer (CHST).



1. Introduction

The Early Childhood Development Agreement

In 1999, the Government of Canada, in partnership with the provincial and territorial governments, began work on a National Children's Agenda (NCA). As a first step in the NCA, governments set out a shared vision for Canada's children, based on a review of key findings and policy directions developed by governments and non-governmental organizations, input from national Aboriginal organizations, and a process of public and stakeholder consultation. The NCA shared vision sets out a broad vision, values and goals for Canadian children along with six policy areas in which governments could cooperate to better support children. Enhancing early childhood development was one of the areas identified.

In September, 2000, Canada's First Ministers released a communiqué on early childhood development, pledging to work together so that young children in Canada can reach their potential. They committed to improve and expand early childhood development programs and services over time. They also committed to report regularly on their progress, and to continue to build knowledge and share information with parents, service providers and communities to help them to give children the best possible start in life.

Objectives of the Early Childhood Development Agreement

The Early Childhood Development Agreement focuses on children under 6 years of age and their families. Its objectives are:

- to promote early childhood development so that, to their fullest potential, children will be physically and emotionally healthy, safe and secure, ready to learn, and socially engaged and responsible; and

- to help children reach their potential and to help families support their children within strong communities.

The National Children's Agenda:
A Shared Vision for Canada's Children

- We want all of our children to be loved and to thrive.
- We want every child to be valued and to develop his or her unique physical, emotional, intellectual, spiritual and creative capacities.
- We want every child to be respected and protected and, in turn, to respect and protect the rights of others.
- We want all of our children to belong and contribute to communities that appreciate diversity, support different abilities and share their resources.

To meet their objectives, the First Ministers agreed on four key areas for action. They agreed to invest in any or all of the following areas, according to their own priorities:

- promote healthy pregnancy, birth and infancy;
- improve parenting and family supports;
- strengthen early childhood development, learning and care; and
- strengthen community supports.

These actions will build on the investments that governments have already made in early childhood development. First Ministers have agreed these investments should be incremental, be predictable and be sustained in the future. The Government of Canada will transfer $2.2 billion to provincial and territorial governments over five years, beginning in April 2001, to support their investments.

Governments agreed that to be effective, programs and services should:

- concentrate on prevention and early intervention;
- bring different sectors of services together, such as health, social services and education;
- be supportive of children within their families and communities; and
- be inclusive of children with different abilities, along with children living in different economic, cultural, linguistic and regional circumstances.

In communities across Canada, provincial and territorial governments have begun to put their plans for young children in place. The initial $300 million in federal funding began to flow to provincial and territorial governments on April 1, 2001 through the Canada Health and Social Transfer (CHST).

In support of early childhood development, the Government of Canada will transfer $2.2 billion over five years to provincial and territorial governments, broken down as follows:

($Millions)

	2001-02	2002-03	2003-04	2004-05	2005-06	Total
Newfoundland and Labrador	$5.2	$6.8	$8.5	$8.4	$8.3	$37.1
Prince Edward Island	1.4	1.8	2.3	2.2	2.2	9.9
Nova Scotia	9.1	12.1	15.1	15.0	14.9	66.4
New Brunswick	7.3	9.7	12.1	12.0	11.9	53.0
Quebec	71.6	95.0	118.2	117.6	117.0	519.3
Ontario	114.2	152.8	191.7	192.4	193.0	844.2
Manitoba	11.2	14.8	18.5	18.4	18.3	81.3
Saskatchewan	10.0	13.2	16.5	16.4	16.3	72.4
Alberta	29.4	39.4	49.5	49.8	49.9	218.0
British Columbia	39.7	52.9	66.1	66.1	66.6	291.4
Yukon	0.3	0.4	0.4	0.4	0.4	2.0
Northwest Territories	0.4	0.6	0.7	0.7	0.7	3.1
Nunavut	0.3	0.4	0.5	0.5	0.5	2.1
Total (in millions)	**$300.0**	**$400.0**	**$500.0**	**$500.0**	**$500.0**	**$2200.0**

- Totals may not add due to rounding.
- Figures are based on provincial/territorial population estimates from Statistics Canada. Because the CHST is allocated on a per capita basis, figures are subject to revision through the regular CHST estimation process as new population estimates become available.
- The Government of Quebec has stated that while sharing the same concerns as other governments on early childhood development, it does not adhere to the federal/provincial/territorial Early Childhood Development Agreement. The Government of Quebec is receiving its share of funding from the Government of Canada for early childhood development programs and services through the Canada Health and Social Transfer (CHST).

Why did First Ministers choose to act on early childhood development?

Governments and policy makers know that the early years of life are critical to the development and future well-being of children. There is powerful new evidence from neuroscience that the years from conception to age 6 set the base for competence and coping skills that will affect learning, behaviour and health throughout life.

We have a good understanding about what children need so they can develop to their own unique potential. The enabling conditions for child well-being point to three key factors: an adequate income; effective parenting; and, community supports.

We also know that effective policy interventions make a difference for young children. From this has emerged a critical convergence of thinking and action around the early years, as is evidenced by the First Ministers' commitment to early childhood development.

The Government of Canada's support for young children

Provincial and territorial governments have the primary responsibility for managing and delivering early childhood development programs and services. However, the Government of Canada also has a long-term commitment to children and plays a leading role in providing a variety of early childhood development programs and services. These programs and services are in keeping with the spirit of the UN Convention on the Rights of the Child, which sets out the basic human rights to which all children and youth are entitled.

These programs and services include:

⇒ Early childhood development programs for children and families at risk, including some for at risk Aboriginal children living off-reserve. This report describes early childhood development programs, such as the Community Action Program for Children, the Canada Prenatal Nutrition Program and Aboriginal Head Start (Urban and Northern Communities) which deliver direct services to children and families at risk. It also describes activities such as the National Strategy on Community Safety and Crime Prevention which plays an important role in helping to keep young children safe.

⇒ Social, health and economic programs for First Nations children and families on-reserve. The federal government provides a range of social, health and economic programs to First Nations on-reserve. The report describes services for First Nations children and families on-reserve, including the First Nations Head Start Initiative and the First Nations and Inuit Child Care Initiative.

Additional services provided on-reserve, but not described in detail in this report, include primary health care services to status Indians living on-reserve and to the Inuit, and the First Nations Child and Family Services Program. Although these services benefit young children and their parents, they do not fall within the key program areas of the Early Childhood Development Agreement. Primary health care services include non-insured health benefits, dental and vision care. The First Nations Child and Family Services program funds and promotes the development, establishment and operation of First Nations Child and Family Services agencies. Currently, 104 agencies across Canada provide child and family services to 75 percent of First Nations children and families who live on-reserve.

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[2] Jane Jenson and Sharon M. Stroick. *What is the Best Policy Mix for Canada's Young Children*? Canadian Policy Research Networks (CPRN) Study F|09. 1999.

⇒ Research, information and education. This report highlights key research and public information initiatives such as the National Longitudinal Survey of Children and Youth, the Centres of Excellence for Children's Well-Being, and Health Warning and Information Labels which give parents, communities and governments tools to support good decision making.

⇒ Early childhood development-related income support and tax measures. While broad tax and income measures are not included in this report, three specific measures relating directly to the four areas of action identified in the ECD Agreement are highlighted in the report. Employment Insurance Maternity and Parental Benefits help working parents stay at home with their infants during their important first year, while the Child Care Expense Deduction helps parents offset the cost of child care. The Canada Child Tax Benefit Program - Supplement supports parents caring for a child at home.

Additional Government of Canada activities for children

In addition, while this report is limited to activities that have a direct focus on children under 6 years of age and which relate to any or all of the four areas of action identified under the Early Childhood Development Agreement, it is important to note that the Government of Canada also makes significant contributions to the health and well-being of young children through:

- the Canada Health and Social Transfer (CHST), which supports provincial and territorial government expenditures in the areas of financing of health care, social assistance, social services and post-secondary education;
- various income support and tax measures which benefit families with children; and
- support for non-governmental organizations.

Canada Health and Social Transfer (CHST)

Through the CHST, the Government of Canada provides both cash and tax transfers to provincial and territorial governments for insured and extended health care services. Insured health services, as defined by the *Canada Health Act*, include all medically necessary hospital services and physician services. Extended health care services include a broad range of health and social services offered by community and institutional programs and facilities. A significant portion of health care funding under the CHST directly supports young children - especially during pregnancy and early infancy which are periods of high health care need. In addition, young children and their families may access a range of provincial and territorial social services funded through the CHST. As noted above, the CHST is also the mechanism through which provincial and territorial governments are receiving funding from the federal government as part of the ECD Agreement.

Income Support and Tax Measures

The Government of Canada's significant tax and income support measures play an important role in supporting children and families. The measures that most directly impact children and their families in Canada include:

The Canada Child Tax Benefit

The Canada Child Tax Benefit (CCTB) is a tax-free monthly federal payment that is based on a family's income and the number of children in the family. The CCTB is designed to help recognize the costs of raising children. Currently, more than 80 percent of Canadian families with children receive the CCTB and, by 2004, about 90 percent of Canadian families with children will receive the CCTB.

The CCTB has two components: a basic benefit plus a supplement targeted to low-income families. The basic benefit provides all low- and modest-income families with children with a benefit of up to $1,117 per child per year ($1,195 for the third and each subsequent child). The National Child Benefit Supplement (NCBS) provides additional income, on top of the basic benefit, to low-income families with children, and forms the Government of Canada's contribution to the federal/provincial/territorial National Child Benefit (NCB) Initiative (for more detailed information on the NCB Initiative, please consult *The National Child Benefit Progress Report: 2000* or the *First Nations National Child Benefit Progress Report 2000)*.

Parents who are eligible for both components of the CCTB can currently receive up to $2,372 a year for their first child, $2,172 for their second and $2,175 for their third and each additional child. These amounts are expected to reach $2,500 per year for their first child and $2,300 for other children by 2004. The CCTB is indexed to keep up with the cost of living.

Children's Special Allowances
The Children's Special Allowances (CSA) Program makes tax-free monthly payments to approximately 280 federal and provincial agencies and institutions (e.g. children's aid societies and individual foster parents) which are responsible for the care and education of about 49,000 children under 18 years of age. These payments replace ones that would otherwise be made to parents under the CCTB.

Employment Insurance (EI)

Family Supplement
Employment Insurance's Family Supplement provides additional benefits to low-income families with children who are receiving EI benefits, by providing them with up to 80 percent of their weekly earnings instead of the usual 55 percent of earnings. The amount of the Family Supplement depends on family income and the number and ages of children in the family. In 1999-2000, 195,000 families received the Family Supplement.

Other Tax Measures and Benefits

Goods and Services Tax Credit/Harmonized Sales Tax Credit
The Government of Canada introduced the Goods and Services Tax (GST) on January 1, 1991. To help low- and modest-income individuals and families, it also introduced the GST Credit as a replacement for the former federal sales tax credit. The Canada Customs and Revenue Agency pays the GST/HST credit quarterly to individuals and families with low and modest incomes to help offset some or all of the GST they pay, before they pay the tax. The GSTC/HSTC provides a refundable tax credit for each adult and for each child. Currently, the Government of Canada sends quarterly payments to nine million low- and modest-income families.

Canada Pension Plan Benefits for Children
Income security benefits, including the Canada Pension Plan (CPP), are designed to improve the financial security of a number of groups of Canadians. Two kinds of CPP benefits are available to children - the disability benefit is available to children whose parents receive the CPP disability benefit and the survivor benefit is available to a child if he or she loses a parent who had qualified for the CPP.

Support for Non-Governmental Organizations

The Government of Canada helps to fund a variety of non-governmental organizations to provide the government with policy and program advice on issues that affect Canadian children and their families. For example, the National Children's Alliance - a network of more than 30 national organizations committed to improving the lives of children in Canada - receives funding to help strengthen and enhance networks at the national, regional and local levels. This serves to enhance their capacity and ability to work proactively in the policy development process around early childhood development.

Scope of the report

This federal baseline report focuses on the activities of the Government of Canada that have a direct impact on children under 6 years of age and their families. It includes activities for Canadian children, and immigrant and refugee children from birth through 5 years of age inclusive and their families. It excludes investments in international programs and aid to help young children and their families in other countries.

This report covers *direct investments* (i.e. programs and activities that provide direct benefits to young children under 6 years of age and their families). This includes salary and operating costs as well as grants and contributions. Capital investments such as technology and infrastructure are not included.

Some of the activities covered in the report are programs which are delivered to children and families at the community level. Other activities are education/information-based initiatives, whereby the Government of Canada produces and disseminates information and resources on child development. It should be noted that, in some cases, expenditures identified for children under age 6 have been estimated from a larger spending total when an activity also serves older children.

The Government of Canada recognizes that improvements can be made in the quality of information that is available on federal activities for children and their families, and through the Early Childhood Development Agreement, has committed to continue to improve the quality of reporting over time. For example, future reports will provide better information on the participation of key sub-populations in federal programs and activities for children.

Format of the report

Data in this report are organized according to the four areas for action of the Early Childhood Development Agreement: promoting healthy pregnancy, birth and infancy; improving parenting and family supports; strengthening early childhood development, learning and care; and strengthening community supports. Separate chapters have been included on research and information, and services and programs provided to First Nations and other Aboriginal children and their families.

Where an activity can be specifically related to one of the four areas (e.g. information directly related to parenting supports), it is covered in that chapter. However, it is recognized that a number of activities have relevance to two or more of the four areas for action. These activities will be reported in one place only.

Each chapter includes a narrative description of the activities by federal department, and concludes with a table quantifying the activities and expenditures in the chapter. An effort has been made to provide thorough and complete information for these activities. However, in some cases, information is either not available or not applicable (for example, in many cases research and information initiatives do not directly impact a quantifiable number of young children or families). The last chapter in the report summarizes the data by department.

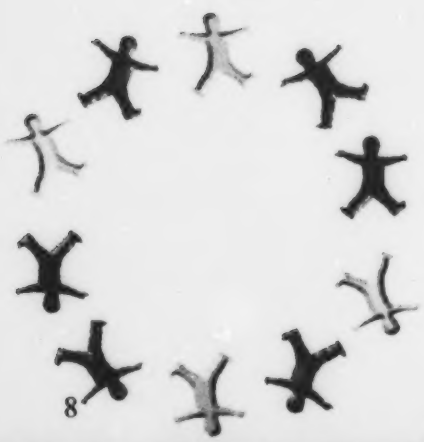
Finally, there are statistical appendices which provide relevant demographic data, a detailed description of how the expenditure data were calculated, and a list of contact information and websites for the activities covered in the report.

2. Healthy Pregnancy, Birth and Infancy

On average, about 340,000 babies are born in Canada every year. Healthy women are more likely to have healthy babies. Experiences during pregnancy, birth and infancy have a profound effect on the health and well-being of infants and young children. These experiences contribute to continuing good health of children into adulthood.

Some of the influences on a mother's health during pregnancy are environmental, such as income level, social supports and safety; others include lifestyle decisions such as what the mother eats and whether she drinks alcohol or smokes; and still others include the care the mother receives during her pregnancy. Therefore, programs that promote healthy pregnancy, birth and infancy and provide support for pregnant women, new parents, infants and care providers contribute to the healthy development of children.

The Government of Canada has invested in a number of programs and initiatives for this critical time, including monitoring, education and information initiatives that potentially provide support to all Canadian families. In addition to the activities discussed in this chapter, the Child Health Record and the Canada Perinatal Surveillance System, covered in chapter 3 and chapter 7, also impact healthy pregnancies, births and infancies.



Health Canada

Canada Prenatal Nutrition Program

The Canada Prenatal Nutrition Program (CPNP) was announced in July 1994, and was expanded in 1999. CPNP helps communities to develop or enhance comprehensive services for pregnant women who face conditions of risk that threaten their health and the development of their babies.

Most women in Canada have healthy pregnancies and healthy babies. However, approximately 10 percent of women experience difficulties during pregnancy, birth and the early postpartum period, and their own health and that of their baby can be at risk. These women need easily accessible, culturally appropriate, community-based support to assist them through this time.

Who's at Risk?

The CPNP is a universally accessible program, designed to meet the needs of those pregnant women most at risk for poor birth outcomes:

- women living in poverty;
- teens;
- women who use alcohol, tobacco or other harmful substances;
- women living with violence;
- aboriginal women, on- and off-reserve;
- recent immigrants;
- women living in social or geographic isolation or with limited access to services; and
- women diagnosed with gestational diabetes.

The CPNP recognizes that there is currently a gap in the continuum of support for those women who experience difficulties during pregnancy, birth and the early post partum period. The program aims to reduce disparities in health for at-risk pregnant women by improving accessibility of services and enhancing collaboration between sectors.

It strives to improve healthy birth outcomes for infants and their mothers. The CPNP promotes breastfeeding and increased access to services for high-density urban and isolated rural northern areas, and culturally or linguistically isolated mothers and infants.

Jointly managed by the federal, provincial and territorial governments, the CPNP provides resources for community-based groups to offer supports to at-risk pregnant women and their infants. The program has a component for First Nations and Inuit women. The supports include:

- nutrition - screening, counselling, food coupons/vouchers, community kitchens, food supplementation, and food skills;
- knowledge education, and specialized counselling on prenatal health issues, breastfeeding and infant development; social support;
- assistance with access to services, - shelter, health care; and
- assistance for women to modify unhealthy and high-risk behaviours such as smoking, alcohol and other substance use.

Currently, there are over 700 CPNP projects operating in over 2,000 geographic communities (this includes specific First Nations and Inuit Canada Prenatal Nutrition Programs). Projects promote breastfeeding, both initiation and continuation; aim to improve the diets of pregnant and breastfeeding women; and attempt to help women feed their infants appropriately for their age. Supports are delivered through peer support, home visits and prenatal drop-in programs.

Reducing the Risk of Sudden Infant Death Syndrome

Sudden Infant Death Syndrome (SIDS), also known as Crib Death, is the sudden and unexpected death of an apparently healthy infant usually under 1 year of age. Every week in Canada, three babies die of SIDS. Nobody knows how to prevent SIDS, but the latest research shows that there are things that can be done to make babies safer.

"In 1999, 40% of parents actually placed their babies to sleep on their backs. This increased to 71% in 2001." Environics, 2001

Working with The Canadian Foundation for the Study of Infant Deaths, the Canadian Institute of Child Health, and the Canadian Paediatric Society, Health Canada has embarked on activities aimed at raising public and professional awareness of SIDS and how to reduce babies' risk. The ultimate goal of these activities is to reduce the number of SIDS deaths in Canada.

Increasing evidence suggests that babies who sleep on their back have the lowest risk for SIDS. To address this, the *Back to Sleep Campaign*, an awareness campaign aimed at parents and health care professionals, was created to inform them about what they can do to reduce the risk of SIDS. With its partners, Health Canada has developed a joint position statement for health professionals, a poster for health/community care facilities and a brochure for parents on reducing the risk of SIDS. Proctor & Gamble-Pampers have joined the *Back to Sleep Campaign* as the corporate partner to further promote this message.

Fetal Alcohol Syndrome/Fetal Alcohol Effects

Fetal Alcohol Syndrome/Fetal Alcohol Effects (FAS/FAE) is a national health concern for individuals, families, communities and society at large. It is one of the major known preventable birth defects in children. FAS is a challenge that lasts a lifetime and does not go away when children grow up.

The 1999 federal budget allocated $11 million over three years for the FAS/FAE Initiative under the auspices of the Canada Prenatal Nutrition Program.

The main goals of the Initiative are to prevent FAS/FAE and to reduce its significant health effects in children, families and communities. The Initiative is working in cooperation with provincial and territorial governments, First Nations and Inuit communities and other non-government organizations and community organizations to fulfil these goals.

The primary activities of the Initiative are:

- public awareness and education;
- FAS/FAE training and capacity development;
- early identification and diagnosis;
- coordination;
- surveillance; and
- strategic project funding.

In response to an identified extensive need for FAS/FAE training, practical day-to-day tools and a train-the-trainer model, the Government of Canada is contributing to the development of a training manual and a nucleus of trainers across Canada. *A Manual for Community Caring* is being undertaken by the FAS/E Support Network of British Columbia, in collaboration with provincial and territorial governments, Aboriginal communities, and other key stakeholders including families and affected individuals.

Facts About Fetal Alcohol Syndrome (FAS) and Fetal Alcohol Effects (FAE)

Fetal Alcohol Syndrome is a medical diagnosis that refers to a set of alcohol-related disabilities associated with the use of alcohol during pregnancy. The minimum criteria for diagnosing a child with FAS are:

- prenatal and/or postnatal growth restriction;
- central nervous system involvement, such as neurological abnormalities, developmental delays, behavioural dysfunction, learning disabilities or other intellectual impairments, and skull and brain malformations;
- characteristic facial features such as short eye slits (palpebral fissures), a thin upper lip, flattened cheek bones, and an indistinct groove between the upper lip and nose (such characteristics are not to be confused with facial features that occur normally in different racial groups).

Fetal Alcohol Effects is a term used to describe children with prenatal exposure to alcohol, but only some FAS characteristics. These may include reduced or delayed growth of the baby, single birth defects or developmental learning and behavioural disorders that may not be noticed until months or years after the child's birth.

Source: Joint Statement: Prevention of Fetal Alcohol Syndrome (FAS) / Fetal Alcohol Effects (FAE) in Canada, October 1996.

Postpartum Parent Support Program

Implemented in 1989, the Postpartum Parent Support Program (PPSP) is a community-based health promotion program through which hospital and community health nurses act as health educators, providing consistent parenting education to families of newborn infants.

The program is designed primarily to help parents and other immediate family members to identify and use available support systems during the postpartum period, develop feelings of competence and confidence about the postpartum period, and set realistic expectations about coping with family relationships.

The PPSP is delivered in approximately 600 hospital/community health sites across Canada (approximately 350 communities), potentially reaching 75 percent of mothers of newborns.

Family-Centred Maternity and Newborn Care: National Guidelines

Since 1968, the manual *Family-Centred Maternity and Newborn Care: National Guidelines* has been assisting hospitals and other health care agencies in planning, implementing and evaluating maternal and newborn programs and services across Canada. The guidelines are updated regularly to keep up with the rapid changes that have occurred in maternal and newborn care.

The manual was developed through a collaborative process involving more than 70 professionals and consumers across Canada, the many stakeholders involved in the care of mothers and babies, and was facilitated by Health Canada and the Canadian Institute of Child Health. The document is based on research evidence and represents the "gold standard" for maternal and newborn care in the country.

Human Resources Development Canada

Employment Insurance: Maternity and Parental Benefits

Employment Insurance maternity benefits were first introduced by the Government of Canada in 1971, parental benefits in 1990. Maternity benefits were developed to provide temporary income replacement to biological mothers to enable physical recovery after birth; parental benefits to provide temporary income replacement for parents caring for a newborn or newly adopted child. These benefits enable parents to spend more time with their infants during the critical first year.

Employment Insurance Maternity and Parental Benefits were enhanced as of December 31, 2000. Women continue to have access to 15 weeks of maternity benefits and can now qualify for benefits with 600 hours of employment within the qualifying period, which is normally 52 weeks prior to the week in which a claim is established. Previously, women required 700 hours of employment to qualify for benefits.

Parents now have access to 35 weeks of parental benefits (an increase of 25 weeks), for a maximum of 50 weeks of combined special benefits. Workers can qualify for parental benefits with 600 hours of employment. Mothers can take the entire parental leave or share it with their partner staying home together or one after the other. The new changes also mean that the normal two-week waiting period for benefits will not apply to the second parent receiving benefits.

In 1999-2000, 176,000 new mothers claimed maternity benefits, while 171,000 new parents received parental benefits.

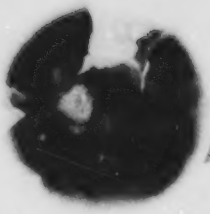
Recent Changes to Employment Insurance Maternity and Parental Benefits	
BENEFITS PRIOR TO DECEMBER 31, 2000	**NEW ENHANCED BENEFITS**
→ Up to 25 weeks of benefits: 15 weeks of maternity benefits 10 weeks of parental benefits	→ Up to 50 weeks of benefits: 15 weeks of maternity benefits 35 weeks of parental benefits
→ 700 hours of insurable earnings required to qualify	→ 600 hours of insurable earnings required to qualify
→ Each claim required a two-week waiting period when parents shared the benefits	→ No waiting period required for second benefit claim when parents share the benefits
→ Earnings deducted dollar for dollar from both maternity and parental benefits	→ Able to earn higher of $50 or 25% of weekly benefits while receiving parental benefits

Source: *Employment Insurance: Maternity, Parental and Sickness Benefits*. Human Resources Development Canada. 2001.

Promote Healthy Pregnancy, Birth and Infancy Activities and Expenditures Table[3]

	Who does the activity reach? Number of:						What is the expenditure on children under 6?	
	Activities/Sites		Children under 6		Families			
	1999-2000	2000-2001	1999-2000	2000-2001	1999-2000	2000-2001	1999-2000	2000-2001
Canada Prenatal Nutrition Program (CPNP)	294 projects 912 sites 2,155 communities	301 projects	28,000 infant & prenatal (~ 14,000 infants)	31,000 infant & prenatal (~ 16,000 infants)	28,000	31,000	$17,479,000[4]	$27,366,000[5]
CPNP First Nations and Inuit Component	400 programs[6]	500 programs[6]	6,000	7,500	N/A	N/A	$5,600,000	$10,300,000
Reducing the Risk of Sudden Infant Death Syndrome (SIDS)	N/A	N/A	350,000[7]	350,000[7]	350,000[7]	350,000[7]	$40,000	$40,000
Fetal Alcohol Syndrome/Fetal Alcohol Effects (FAS/FAE)	N/A	N/A	N/A	N/A	N/A	N/A	$1,250,000	$2,650,000
FAS/FAE First Nations and Inuit Component	N/A	N/A	N/A	N/A	N/A	N/A	$750,000	$1,350,000
Postpartum Parent Support Program (PPSP)	600	600	N/A	N/A	N/A	N/A	$100,000	$100,000
Family-Centred Maternity and Newborn Care Guidelines	N/A	N/A	N/A	N/A	N/A	N/A	$125,000	$15,000
Employment Insurance: Maternity Benefits	N/A	N/A	N/A	N/A	175,800	175,800	$722,900,000	$722,900,000
Employment Insurance: Parental Benefits	N/A	N/A	N/A	N/A	170,620	170,620	$471,700,000	$471,700,000[8]
Total expenditures							**$1,219,944,000**	**$1,236,421,000**

[3] All 1999-2000 figures are actuals and 2000-2001 figures are estimates.
[4] $17.4 million goes directly to communities in the form of grants and contributions.
[5] $27.3 million goes directly to communities in the form of grants and contributions.
[6] CPNP First Nations and Inuit component "programs" are activity-based and not stand-alone projects.
[7] This is based on the quantities of resources disseminated. Potentially, parents of all newborn infants are receiving this information.
[8] Based on expenditures for 1999-2000. Subject to change because of unknown uptake of changes to Parental Benefits (from six months to one year at the beginning of 2001).

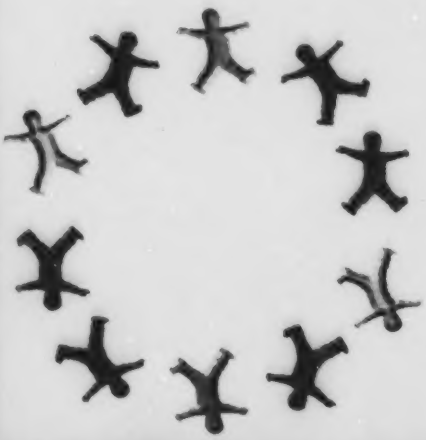


3. Parenting and Family Supports

One of the most powerful influences on children's early development is their relationship with their parent(s). Responding to and stimulating children from birth helps them develop the skills they will need to succeed in school and beyond. Research evidence suggests that parenting style may affect a child's development. And, many factors influence parents; income, work-related issues; stresses, and the availability of community supports. Good parenting skills are learned. Many parents need additional information and all need support.

One of the best strategies for helping young children reach their full developmental potential is to provide parents with the support and information they need to raise their children. Experience has demonstrated that action at the community level is most effective and relevant in this respect.

The Government of Canada has invested in programs to improve parenting, in parenting supports for parents in difficult circumstances, and in resources to help parents and families support their children. In addition to these activities, Aboriginal Head Start (Urban and Northern Communities) and First Nations Head Start Initiatives, the First Nations and Inuit Child Care Initiative, Employment Insurance Maternity and Parental Benefits, and Military Family Resource Centres, covered in other chapters of this report, also contribute to parenting and family support.



Health Canada

Nobody's Perfect

Nobody's Perfect is a parent support and education program for parents of children under age 6. The program gives parents access to accurate information in a supportive group setting. It is designed to meet the needs of parents who are young, single, socially or geographically isolated or who have low income or limited formal education. Nobody's Perfect strives to:

- bring together a group of parents who can support each other;
- increase their knowledge and understanding of children's health, behaviour and safety;
- increase their skills in coping with the challenge of parenting, along with their ability to parent and their sense of confidence; and
- decrease their sense of isolation in parenting.

Nobody's Perfect was developed by Health Canada in partnership with the departments of health of the four Atlantic provinces. It was introduced nationally in 1987. The program is offered in communities as a series of six to eight weekly group sessions, and is built around five colourful, easy-to-read books, which are given to parents free of charge. Parents' participation is voluntary and free. During the meetings, trained facilitators work together with parents to discover positive ways of parenting.

The Canadian Association of Family Resource Programs and the Canadian Institute of Child Health coordinate Nobody's Perfect nationally. All provinces and territories have a Nobody's Perfect coordinator in place. Last year, Nobody's Perfect reached 12,000 parents in a variety of settings, such as child care centres, schools and Native friendship centres. Across Canada, nearly 7,000 community workers, parents and public health nurses have been trained as Nobody's Perfect facilitators.

Health Canada's continued efforts focus on supporting national coordination, resource development and training, and helping to build the capacity of the provinces and territories to implement the program.

Community Action Program for Children

The primary responsibility for children belongs, of course, to families. But today, there is a general acceptance that all sectors of society need to be involved in supporting children and families in their parenting role. Partnerships among parents, community workers and volunteers, private business people, and all levels of government are needed to improve the lives of Canadian children.

Health Canada's Community Action Program for Children (CAPC) springs from the awareness that communities are well positioned to recognize the needs of their children, and have the capacity to draw together the resources to address those needs. CAPC builds on community strength by funding community-based coalitions to establish and deliver services to meet the developmental needs of children under age 6 living in conditions of risk.

Who's at Risk?

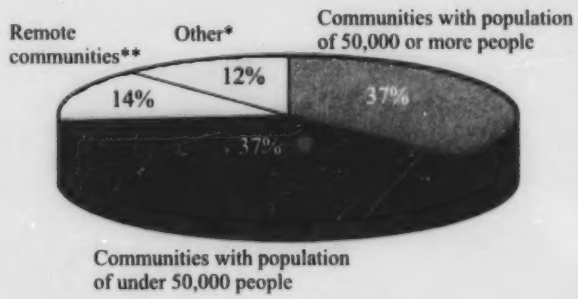
CAPC was designed to address the health and development needs of children living in conditions of risk. These children are:

- living in low-income families;
- living in teenage-parent families;
- at risk of, or have, developmental delays, social, emotional or behavioural problems; and/or
- neglected or abused.

Special consideration is given to Métis, Inuit and off-reserve First Nations children, the children of recent immigrants or refugees, children in lone-parent families and children who live in remote or isolated communities.

There are 464 CAPC projects across Canada. These projects make early investments in children by supporting prevention and early intervention activities. The projects provide parents with support and information they need to help raise their children. They recognize that communities have the will and ability to identify and respond to the needs of children and place a strong emphasis on community mobilization. All CAPC projects have common guiding principles.

Where Are CAPC Projects?



* Other projects may not fit into simple geographic breakdowns and are therefore classified as "other."

** Remote communities are accessible only by air, or do not have road access for more than two weeks each year, or are more than 300 kms by car from a community with a population of 50,000 or more.

Each CAPC project is unique. Some provide parenting workshops, one-on-one counselling or help families access other community resources. Others provide home visits or operate toy-lending libraries, family resource centres and community kitchens. Others provide street-level programs for substance-abusing mothers.

CAPC projects are effective because of the dedication, commitment and patience of the people who are involved - parents, workers and volunteers - and because they create programs specifically designed for the communities that use them. Health Canada manages CAPC with the provincial and territorial governments through Joint Management Committees.

CAPC is evaluated at the national, regional and local levels. In addition, CAPC projects (and CPNP projects as discussed in chapter 2) are individually assessed for renewal every three years. Funded projects have to demonstrate that they are:

- adhering to the guiding principles;
- reaching the target population; and
- well managed and effective.

Child Health Record

The Child Health Record is a booklet where parents can keep track of all of their children's health information. They can record information about their child from birth onwards, including family medical problems, growth and development, feeding, allergies, vaccinations, illnesses, injuries, dental health and health appointments. The Child Health Record is a tool to empower parents, working with their health care providers, to better coordinate the health care of their children. It also raises awareness of recommended preventive health practices.

The Child Health Record was developed and evaluated through a process, which included a review of similar records in Canada and worldwide and consultation with government, service providers and parents. It was developed in partnership with the Canadian Institute of Child Health, the Canadian Paediatric Society, the Canadian Public Health Association and the College of Family Physicians of Canada. Procter & Gamble - Pampers is a corporate partner.

Who Uses CAPC?

CAPC Families Compared to Families in the General Population[9]

- 45% of CAPC families had an annual household income of less than $15,000.
- 38% of CAPC parents interviewed are single parents.
- 58% of mothers who use CAPC programs have completed high school.
- 20% of parents who use CAPC programs rated their health as excellent and 14% rated their health as fair or poor.
- 11% of families in the general population had an annual household income of less than $15,000.
- 15% of families in the general population are headed by a single parent.
- 78% of mothers in the general population have completed high school.
- 35% of parents in the general population rated their health as excellent and 4% rated it as fair or poor.

[9]As measured in the families surveyed by the *National Longitudinal Survey of Children and Youth, Cycle 2*. 1996.

Procter & Gamble - Pampers provided national promotion and distributed copies of the Child Health Record through hospital gift packs, which are given to new mothers in many Canadian hospitals. Health Canada and its non-governmental partners are also working to make the Child Health Record widely available through their networks.

Human Resources Development Canada

National Literacy Secretariat-Family Literacy Projects

The National Literacy Secretariat (NLS) works to ensure Canadians have opportunities to develop the ever-expanding literacy skills needed to manage in everyday life and encourages partners throughout Canada to invest in literacy.

The family is where literacy begins and where the foundations of literacy are learned. Support for family literacy not only builds skills, but can help foster a commitment to continuous learning for the entire family. Family literacy, as defined by the NLS, refers to the way parents, children and extended family members develop and use literacy skills, such as reading, writing and numeracy, at home and in their community.

Under its mandate, the NLS funds various family literacy-related projects. Those projects range from launching a public awareness campaign to encourage participation in literacy and learning activities in the community, to providing parenting classes on topics such as "Read With Me" and "Learning Together: Read and Write With Your Child." These projects provide a supportive environment to parents eager to improve their literacy skills and assist them in reading to their children.

In 1999-2000, the NLS invested, in collaboration with its partners, in 85 family literacy-related projects. In 2000-2001, it invested in 83 projects.

"Increase Public Awareness of Family Literacy in 25 Northern Communities" Project (funded by the National Literacy Secretariat)

From September 2000 to April 2001, the Northern Coalition of Literacy Services in Manitoba worked to increase family and public awareness of family literacy in 25 northern communities, such as Thompson, The Pas, Churchill, Cross Lake and Flin Flon.

Through the project, participating communities:

- distributed 500 posters, 5,000 pamphlets and 200 copies of a children's book bibliography;
- organized a Family Literacy Day event in Thompson and provided support for events in The Pas, Thompson, Churchill, Cross Lake, Norway House and Flin Flon; and
- conducted a conference to support learners and practitioners in Flin Flon.

Improve Parenting and Family Supports Activities and Expenditures Table[10]

	Who does the activity reach?						What is the expenditure on children under 6?	
	Number of:							
	Activities/Sites		Children under 6		Families			
	1999-2000	2000-2001	1999-2000	2000-2001	1999-2000	2000-2001	1999-2000	2000-2001
Nobody's Perfect	1,000+	1,000+	N/A	N/A	N/A	N/A	$160,000[11]	$140,000[11]
Community Action Program for Children (CAPC)	499	464	36,197	57,038	34,039	47,234	$59,500,000[12]	$59,500,000[12]
Child Health Record	N/A	N/A	N/A	400,000	N/A	400,000	N/A[13]	$105,000[14]
National Literacy Secretariat (NLS) – Family Literacy Projects	85 projects	83 projects	N/A	N/A	N/A	N/A	$2,763,000[15]	$3,416,000[15]
Total expenditures							**$62,423,000**	**$63,161,000**

[10] All 1999-2000 figures are actuals and 2000-2001 figures are estimates.
[11] Health Canada funding only. There are additional implementation costs that are covered by provincial and territorial governments.
[12] $52.9 million goes directly to communities in the form of grants and contributions.
[13] Child Health Record was first produced in 2000.
[14] Health Canada funding only. In addition, Procter & Gamble - Pampers contributed approximately $300,000 for printing, dissemination through hospital gift packs and a media event.
[15] Funding for all projects. While most of these projects focus on developing literacy skills and tools for young children and their parents prior to school entry, some also include components not directly related to children, but which could not be separated from the overall expenditure.

4. Early Childhood Development, Learning and Care

Research evidence suggests that providing young children with quality learning and care environments enhances their physical, language and motor skill development, along with their social, emotional and cognitive development. Strengthening early childhood development, learning and care includes providing opportunities where children can interact and play, helping prepare children for school and responding to the diverse and changing needs of families. Preschools, child care and targeted developmental programs for young children can provide this support.

The Government of Canada provides financial support to families to offset the costs of early childhood learning and care, and provides some direct early childhood development, learning and care programs to Canadian Forces personnel and their families and to First Nations and other Aboriginal children (described in chapter 6). The Social Development Partnerships Program (described in chapter 7) also provides research support to help develop quality early childhood care and education experiences for young children. In addition, many of the community-based programs addressed in other chapters also make important contributions to the quality of early childhood development, learning and care in Canada.

Canada Customs and Revenue Agency

Child Care Expense Deduction

Child care can be costly. To assist parents, the Government of Canada helps pay for the cost of child care through the Child Care Expense Deduction. Parents can claim child care expenses that they incur when they work or go to school.

Child Care Expenses were introduced into Canada's *Income Tax Act* in 1971. In 1998, the amount that parents could deduct from their personal income taxes for children under age 7 increased from $5,000 to $7,000 (and from $3,000 to $4,000 for children aged 7 to 16). Parents of children with severe disabilities, and who are eligible for the disability tax credit, may also claim up to an additional $10,000 for care of that child. Each year, this helps approximately 1.2 million families meet their child care costs.

Child care expenses may include a variety of things - payments made to an eligible person providing child care, a day nursery or child care centre, a day camp, a boarding school, or an educational institution that provides child care services. The parent with the lower income claims the deduction, within certain limitations. The claim for child care expenses for a year cannot exceed two thirds of the amount the parent earned.

Canada Child Tax Benefit Program - Supplement

The Canada Child Tax Benefit (CCTB), as discussed in chapter 1, is a tax-free monthly payment made to eligible families to help them with the cost of raising children under the age of 18. The CCTB began in July 1998, replacing the previous Child Tax Benefit program.

The CCTB also provides a supplement for children under the age of 7. This supplement for children under 7 was first introduced in 1988 as a refundable child tax credit (and was maintained through the CCTB's predecessor, the Child Tax Benefit). The objective of the Supplement is to provide additional support to low - and middle-income parents who care for a young child at home.

In its current form, the CCTB-Supplement is an additional payment added to the overall CCTB for each child under 7 years of age. As of July 2001, the Supplement is $221 per child per year. Parents who are eligible for the CCTB-Supplement and who also claim the Child Care Expense Deduction on their income tax return(s), have the amount of their CCTB-Supplement reduced by 25 percent of the child care expenses they claim.

National Defence

Military Family Resource Centres

The Director, Military Family Services of the Canadian Forces Personnel Support Agency is responsible for the management and administration of the Military Family Services Program (MFSP).

The MFSP was initiated in April 1987 to ensure a coordinated, consistent and effective approach to the delivery of a range of services to Canadian Forces families. The aim of the program is to promote health and well-being, provide needed information and referral, assist in the prevention of individual, family and community breakdown, buffer lifestyle stresses, enhance coping skills, and aid individuals and families in distress.

Through Military Family Resource Centres (MFRCs) at Canadian bases, wings and stations, the program provides: information and referrals for families, services for children and youth, prevention and intervention services, volunteer development and involvement services, educational programs, and quality of life services (which include deployment support, employment assistance and second-language training). MRFCs in Canada are community-based, provincially incorporated, not-for-profit organizations governed by a Board of Directors composed of 51 percent civilian spouses of Canadian Forces members.

There are approximately 25 different kinds of services offered under the Children and Youth component of MFRCs. Each centre is unique in the combination of programs it offers. Services offered for children under age 6 can include parent/tot programs, casual/respite child care, child care during MFRC programming, preschool playgroups, alternative child care information, special needs information and referral, and emergency child care service.

MFSP funding is intended for use in the management and coordination of these programs. The cost of program operations and other site-specific services is the responsibility of the MFRC Board of Directors/Advisory Board which may cover program costs through user fees, grants and fundraising.

In all, there are 45 MFRCs across Canada, in Europe and in the US, with approximately 12,000 young children making 80,000 visits to various programs at the centres each year.

Strengthen Early Childhood Development, Learning and Care Activities and Expenditures Table[16]

	Who does the activity reach?						What is the expenditure on children under 6?	
	Number of:							
	Activities/Sites		Children under 6		Families			
	1999-2000	2000-2001	1999-2000	2000-2001	1999-2000	2000-2001	1999-2000	2000-2001
Canada Care Expense Deduction	N/A	N/A	N/A	N/A	1,223,559	1,228,125	$431,000,000[17]	$424,000,000[17]
Canada Child Tax Benefit (CCTB) Program – Supplement	N/A	N/A	1,695,257	1,642,486	1,271,667	1,234,252	$293,300,000	$284,200,000
Military Family Resource Centres (MFRC)	15,000[18] in 45 sites[19]	15,000[18] in 45 sites[19]	80,000[20]	80,000[20]	35,000[21]	35,000[21]	$4,000,000	$4,000,000
Total expenditures							**$728,300,000**	**$712,200,000**

[16] All 1999-2000 figures are actuals and 2000-2001 figures are estimates (both figures are estimates for Military Family Resource Centres).
[17] Both Child Care Expense Deduction figures (1999-2000 and 2000-2001) are projections and include deductions that were made for all ages of children. It was not possible to isolate the expenditure for children under 6 years from the total expenditure. Figures do not include Canada Custom and Revenue Agency operating expenditures to administer the deduction.
[18] This number indicates the total frequency of programs and not the number of programs offered (for example, the same program might be offered in several different sites).
[19] 36 in Canada, 2 in US, 7 in Europe.
[20] This number indicates total number of visits.
[21] This number indicates total number of visits.

5. Community Supports

Children do not just grow up in families - they grow up in communities. Communities provide the social settings where families help young children to grow and develop. Families with young children need supportive communities to help their children to reach their potential.

Communities make important contributions to the well-being of children through formal and informal networks. They provide parents and young children with a sense of belonging. They provide the basic infrastructure where family life is lived, including such things as supports for parents and families, prenatal/infant development programs and services, and early childhood care and learning. They provide a context where shared values and expectations are developed. Communities provide networks of services in health, education, social services, housing, recreation and other areas.

Over time, community-based initiatives and investment in early childhood development and support for parenting - both public and private - pay off. They help children develop to their potential, so that they become adults with better competence and coping abilities.

The Government of Canada has initiated a number of programs to strengthen the supports for young children in communities. The National Strategy on Community Safety and Crime Prevention focuses on crime prevention through social development and helps build community capacity to support children. In addition to this initiative, the Government of Canada provides a variety of other programs that are based on community development and community capacity building. These programs include: the Community Action Program for Children; the Canada Prenatal Nutrition Program; First Nations and Inuit Child Care; Aboriginal Head Start (Urban and Northern Communities); and, First Nations Head Start programs. They are described in other chapters of this report, but are also central to strengthening community supports for children and their families.

Justice Canada

National Strategy on Community Safety and Crime Prevention

The National Strategy on Community Safety and Crime Prevention aims to increase individual and community safety by equipping Canadians with the knowledge, skills and resources they need to advance crime prevention efforts in their communities. To accomplish this, the strategy adopts a social development approach, placing a particular emphasis on children, youth, women and Aboriginal peoples. The objectives of the national strategy are to:

- promote the integrated action of government and non-government partners to reduce crime and victimization;
- assist communities in developing and implementing community-based solutions to problems that contribute to crime and victimization, particularly as they affect children, youth, women and Aboriginal peoples; and
- increase public awareness of, and support for, effective approaches to crime prevention.

The strategy is aimed at reducing crime and victimization by addressing their root causes, and is based on the belief that action must take place at the community level. It is the people who live, work and play in a community who understand their area's resources, problems, unique needs and capacities.

The national strategy has three components: a Safer Communities Initiative; a Promotion and Public Education Program; and, the National Crime Prevention Centre. Located within the Department of Justice Canada, the National Crime Prevention Centre is responsible for implementing the strategy in partnership with the Solicitor General of Canada.

The Safer Communities Initiative helps Canadians undertake crime prevention activities in their own communities. The emphasis of Safer Communities is on strengthening the positive and proactive efforts of communities to become safer and healthier places in which to live, for the ultimate benefit of all Canadians. The components of this initiative are the Community Mobilization Program, the Crime Prevention Investment Fund, the Crime Prevention Partnership Program, and the Business Action Program on Crime Prevention.

The four components are used to address risk factors associated with victimization of children and that place children at risk of engaging in criminal behaviour later in life. Initiatives funded through the various programs develop crime prevention knowledge, skills, resources and activities within "high-risk/high-need" communities where victimization of children is a concern. Strategies such as early intervention for children, especially within at-risk populations where multiple risk factors are present, are developed. Support for the ongoing development and evaluation of crime prevention models, strategies and best practices to address crime concerns related to children are crucial components of the programs.

STRENGTHENING COMMUNITY SUPPORTS

EXAMPLE: EDMONTON'S *SUCCESS BY 6*

Edmonton's *Success By 6* Initiative is dedicated to supporting preschool children and their families through integrated service delivery in health, education and social services.

Success By 6 has six program goals:

1- educating Edmontonians on crime prevention through early childhood intervention and development;
2- strengthening local community action;
3- promoting family literacy;
4- raising funds to expand on proven programs;
5- identifying gaps and innovative programming solutions; and
6- evaluating the progress of all Success By 6 programs.

There are also two other programs integrated into Edmonton's *Success By 6, Edmonton Healthy Families*, an intensive home-visiting program for new parents, and the *Classroom On Wheels* Program, a mobile preschool intervention program.

The National Crime Prevention Centre (NCPC) provides the Edmonton *Success By 6* partners $900,000 under the Crime Prevention Investment Fund, over a three-year period from December 1998 to December 2001. These funds support the *Edmonton Healthy Families* and *Classroom on Wheels* programs, as well as a comprehensive evaluation of the entire *Success By 6* Initiative.

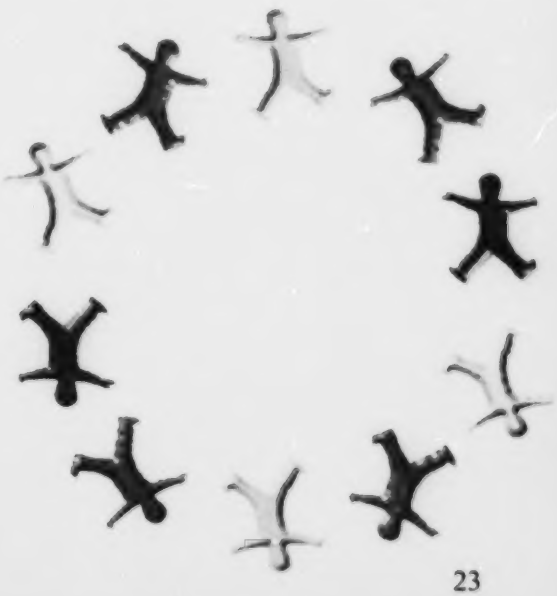
Through the Investment Fund, the NCPC is also supporting similar Healthy Families Initiatives in Prince Edward Island and Yukon. Together, the projects represent an opportunity to test models of early childhood intervention that have been designed to reduce the factors that contribute to future criminal behaviour and victimization.

Strengthen Community Supports
Activities and Expenditures Table[22]

	Who does the activity reach?						What is the expenditure on children under 6?	
	Number of:							
	Activities/Sites		Children under 6		Families			
	1999-2000	2000-2001	1999-2000	2000-2001	1999-2000	2000-2001	1999-2000	2000-2001
National Strategy on Community Safety and Crime Prevention	27	37	N/A	N/A	N/A	N/A	$944,000[23]	$1,370,000[23]
Total expenditures							**$944,000**	**$1,370,000**

[22] All 1999-2000 figures are actuals and 2000-2001 figures are estimates.

[23] Expenditures through grants and contributions only. No operating costs are reported as child-related costs cannot be segregated from overall program costs.



6. Dedicated Services for First Nations and Other Aboriginal Children and Families

Early childhood development for Aboriginal children is recognized as a priority in Canada. In their September 2000 Communiqué on Early Childhood Development, Canada's First Ministers committed that "Governments will work with the Aboriginal peoples of Canada to find practical solutions to address the developmental needs of Aboriginal children."

According to the 1996 Census, there were 170,480 Aboriginal[24] children under 6 years of age living in Canada. Although Canada's overall population is aging, children and youth dominate its Aboriginal population. While Aboriginal people account for less than 4 percent of the total population, Aboriginal children make up over 7 percent of all children under 6 years of age in Canada. In addition, the Aboriginal population is growing more rapidly than the total population, and it is likely that this trend will continue over the next few decades.

The Government of Canada has a direct role with respect to First Nations and the Inuit and provides a range of social and health programs and services to children and their families. These programs and services are administered both through direct community-based programming and through agreements with provincial and territorial governments and Aboriginal organizations. The Government of Canada also delivers a number of innovative programs for children and families at risk, including some for at- risk Aboriginal children.

This chapter focuses on dedicated services for First Nations and other Aboriginal children. Two programs not included in this chapter, the Canada Prenatal Nutrition Program (CPNP) and the Fetal Alcohol Syndrome/Fetal Alcohol Effects Initiative, also have specific components for children and families living on-reserve. As well, CPNP provides services to Aboriginal, Métis and Inuit children and families off-reserve. Since the major focus is to promote healthy pregnancy, birth and infancy, they are discussed in chapter 2. Special consideration is also given to Métis, Inuit and off-reserve First Nations children in the Community Action Program for Children, which is discussed in chapter 3 of the report.

Indian and Northern Affairs Canada

Indian and Northern Affairs Canada's mandate is reflected in its mission statement, "Working together to make Canada a better place for First Nations, Inuit and Northerners." The Department has primary responsibility for meeting the federal government's constitutional, political and legal responsibilities to First Nations. The Department ensures that Status Indians living on-reserve have access to basic services similar to those provided to other Canadian residents by provincial, territorial and municipal governments. The Department accomplishes this, increasingly, by funding First Nations to provide the services themselves.

Indian and Northern Affairs Canada (INAC) also supports innovative programming for First Nations children in several provinces and territories and in coordination with other federal government departments. In Alberta and Ontario, Indian and Northern Affairs Canada signed agreements with provincial governments to support on-reserve child care services. Human Resources Development Canada's First Nations and Inuit Child Care program has built on and enhanced this programming. Since 1983 in New Brunswick, Indian and Northern Affairs Canada has funded an Aboriginal Head Start program on-reserve to complement provincial government Head Start programming. Health Canada's First Nations Head Start program built upon this existing infrastructure when it was created in 1998.

[24] The Aboriginal population includes those who reported themselves as Registered Indian, and/or as having Aboriginal identity, and/or with one or more Aboriginal ethnic origins, and/or having band membership.

Child/Day-care Programs - Ontario and Alberta

In 1965 and 1985, the Government of Canada entered into financial agreements with the Governments of Ontario and Alberta respectively, through which the two provinces have agreed to extend child care services to on-reserve populations. The federal government reimburses the two provinces for their on-reserve service delivery. In both provinces, the services are intended to provide additional early childhood development programming and learning, and to ensure that First Nations children on-reserve receive comparable services to those offered by the provincial government to non-Aboriginal people. In Ontario in 1998-1999, First Nations owned or operated 52 centres, and sponsored four private home programs and four latch-key programs across the province. The agreement has been expanded to include day-care subsidies for Ontario Works participants. In Alberta, approximately 832 day-care spaces were created in 1999-2000.

Aboriginal Head Start-New Brunswick

The Aboriginal Head Start - New Brunswick program began in 1983. Its main objectives are to maintain the strength of the family unit, assist children with physical, emotional, social and/or educational deprivation, and support and protect children from harmful environments. It is provided for children under 6 years of age.

The program operates on a referral basis for children and their parents. Depending on the particular program, children and their parents are provided with centre- or home-based services that can include social and educational enrichment for the children coupled with education for the parents. These services for parents include working with their children in a supervised environment and/or attending parenting classes, separate from their children. Aboriginal Head Start - New Brunswick is not a part of Health Canada's First Nations Head Start or Aboriginal Head Start (Urban and Northern Communities) programs.

Elementary Education (Pre-Kindergarten and Kindergarten)

The objective of INAC's elementary education program is to provide access for eligible students to elementary education services that are reasonably comparable to what is offered by the province/territory of residence. In this case, "eligible students" refer to First Nations students ordinarily resident on reserve. INAC provides funding for First Nations-operated and federal schools, for the reimbursement of costs of on-reserve students attending provincial schools and funding for the provision of student support services such as transportation, counselling, accommodation and special education.

First Nations National Child Benefit Reinvestment

The National Child Benefit combines new federal investments with provincial, territorial and First Nations government reinvestment resources. The federal government has increased its income support for low-income families through the Canada Child Tax Benefit. In turn, provincial, territorial and First Nations governments adjust social assistance for recipients with children by an amount equal to the federal increase. These adjustments are then "reinvested" into community-based programs for low-income families.

First Nations play a significant role in the implementation of the National Child Benefit as they administer the reinvestment component. Similar to provincial and territorial governments, First Nations that deliver social assistance have the flexibility to reinvest savings from adjustments made through social assistance, in

programs and services tailored to meet their needs and priorities while maintaining the overall goals of the National Child Benefit.

There are approximately 600 First Nations across the country that participate in the National Child Benefit program. Each community implements the National Child Benefit reinvestment programs according to existing guidelines within the province or territory of residence. Once implemented, First Nations are required by Indian and Northern Affairs Canada to report annually on how National Child Benefit reinvestment monies are used and how many children and families benefit from the program.

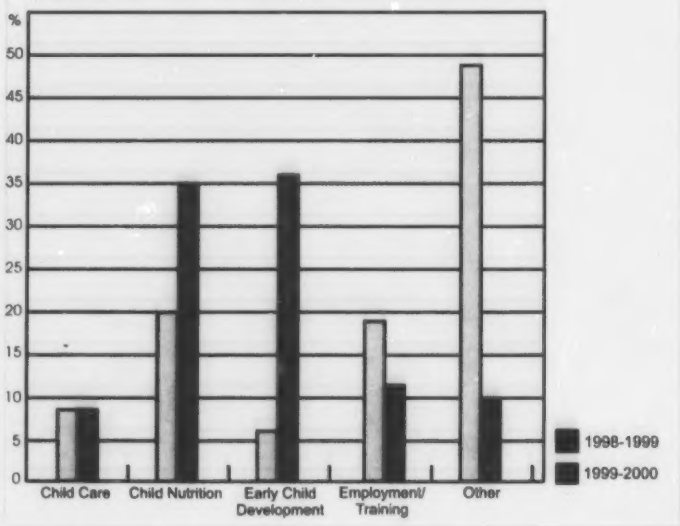
In 1999-2000, early childhood development programs comprised 36 percent of the total First Nations National Child Benefit Reinvestment component and child/daycare comprised 8 percent of the total. While many short-term results indicated program successes, the long-term impact has yet to be realized and assessed.

First Nations National Child Benefit Reinvestment

Through the National Child Benefit, First Nations adjust social assistance for recipients with children by an amount equal to the federal increase in income support for low-income families. These adjustments are then "reinvested" into community-based programs for low-income families which are tailored to meet their needs and priorities, while keeping with the overall goals of the NCB.

As reported in the *First Nations National Child Benefit Reinvestment Progress Report: 2000*

- First Nations reinvested $30.8M in 1998-1999; $48.76M in 1999-2000; $55.19M in 2000-2001 and are projecting reinvestments of $58.24M for 2001-2002.
- Of these totals, First Nations reinvested funds in the following program areas:



- In 1998-1999, 16,503 families and 37,468 children benefited from NCB reinvestments. These totals rose to 24,556 and 54,516 respectively in 1999-2000.
- In 2000-2001, the number of First Nations communities that participated in the First Nations Self-Evaluation Participation process was 18. In 2001-2002, the number of participating First Nations increased to 50.

A First Nations National Child Benefit Reinvestment Interim Evaluation detailing the results of the First Nations reinvestment component will be available in 2001. A Summative Evaluation is scheduled for 2003.

The First Nations National Child Benefit Reinvestment programs fall into five broad areas, three of which relate directly to early childhood development:

- *Child/Day Care* - These are programs directed toward the development and enhancement of day-care facilities and the provision of child care services, which allow more families with low incomes to gain access to day-care spaces, or to have their share of child care costs reduced.
- *Child Nutrition* - These are programs directed at improving the health and well-being of children by providing school meal programs as well as education to parents on family nutrition and meal preparation.
- *Early Child Development* - These are early intervention programs for parents to help their children with a healthy start in life. Some examples include parenting skills programs and drop-in centres for parents.
- *Employment Opportunities/Training Programs* - These are programs directed at increasing the skill level of individuals and thereby increasing their chances of obtaining work. Examples include employment and skills development, youth summer work programs and personal development workshops.
- *Other* - National Child Benefit programs that fall into the category of "other" represent a broad range of areas (e.g. cultural awareness or traditional teachings, recreation activities, and income supplements for low-income families).

The National Child Benefit reinvestment component provides a sense of community ownership of the programs developed, because they are designed by First Nations to address the diverse and unique needs of First Nations communities. The reinvestment component provides flexibility and variability for First Nations to design and develop innovative community-based programs that are culturally relevant, respond to the specific and unique needs of the community, and support children and their families living on-reserve (for more information please consult *The National Child Benefit Progress Report: 2000* or the *First Nations National Child Benefit Progress Report 2000)*

Human Resources Development Canada

Human Resources Development Canada's mandate is to enable Canadians to participate fully in the workplace and in the community. To help achieve this goal, the Department's First Nations and Inuit Child Care Initiative helps provide child care services to First Nations and Inuit children to support their healthy development and to enable their parents to work or study.

First Nations and Inuit Child Care Initiative

The First Nations and Inuit Child Care Initiative was created to provide First Nations and Inuit communities with improved access to affordable, quality child care, with the goal that they would have similar access to that available to other Canadian children.

The initiative was established in 1995 with the goal of providing 6,000 child care spaces. It now provides funding to over 390 First Nations and Inuit communities across Canada and directly supports over 7,000 child care spaces. The initiative serves children between the ages of 0 and 12, with priority given to children under age 6.

The initiative is managed by local Aboriginal organizations to ensure that it is responsive to community needs and priorities.

Many communities have linked their First Nations Head Start and Aboriginal Head Start (Urban and Northern Communities) programs, which provide part-day developmental experiences to children, to First Nations and Inuit Child Care to provide a continuum of support for children. About 50 percent of the communities that receive First Nations and Inuit Child Care funding also have First Nations or Aboriginal Head Start programs.

"We have been open for a year and a half and what a ride it has been! The biggest thing that we have discovered, other than how difficult it is to maintain a licensed facility, is how we are changing the face of our extended families in our communities by introducing licensed day-care services."

"We are in essence practicing a new way of childrearing cross-culturally and adhering to government regulations. This is a very exciting time for us in Nunavut, we have the unique opportunity to set up a system that would provide essential child care services, but allow for the development of quality, holistic and effective early childhood programs and services for the community as a whole, and not just for day-care service clients."

Ester Leck, Director
Naurainnuk Daycare
Pond Inlet, Nunavut

Health Canada

The mission of Health Canada's First Nations and Inuit Health Branch is "to establish a renewed relationship with First Nations and Inuit that is based on the transfer of direct health services and a refocused federal role, and that seeks to improve the health status of First Nations and Inuit." Services supported by the Branch include community health programs in First Nations and Inuit communities, and the provision of Non-Insured Health Benefits to First Nations and Inuit people regardless of where they live in Canada. The First Nations and Inuit Health Branch also provides direct programming for several initiatives aimed at young children, living both on-reserve and in Inuit communities. Health Canada's Population and Public Health Branch also provides community-based programming to some Aboriginal children and families living in urban and northern communities.

"The First Nations/Inuit Child Care program serves as a good starting point for language, culture and traditional learning. Our children progress through their public school years with a sense of pride for who they are and with a brighter outlook of where they want to go. Tobique is graduating more Natives from Grade 12 than ever before. As a result, our Post-Secondary Program sponsors numerous students in various faculties and institutions throughout North America."

Warren Tremblay
Director of Education
Tobique First Nation, New Brunswick

Brighter Futures

Brighter Futures, which began in 1992-93, is a Canada-wide program designed to assist First Nations and Inuit communities in developing community-based approaches to health programs. The purpose is to improve the quality of, and access to, culturally sensitive wellness services in the community. These services will in turn help create healthy family and community environments, which support child development. While the program is intended specially for First Nations and Inuit children from ages 0 to 6, it is recognized that children's needs cannot be separated from those of their families and community.

There are a number of components to Brighter Futures: mental health; child development; injury prevention; healthy babies; and, parenting skills. The communities determine their priorities and allocate their resources accordingly. A particular community's activities may include:

- running children's programs designed and managed at the community level. These programs promote optimal health and social development for infants, toddlers and preschool children by providing opportunities such as family-linked stimulation and structured after-school programs;
- establishing and managing mental health programs that promote children's development in harmony with their family and community;
- developing community action projects intended to reduce the incidence and seriousness of injuries in First Nations and Inuit communities;
- supporting community efforts to promote the health of infants by promoting breastfeeding, educating pregnant and nursing mothers about nutrition, and developing culturally appropriate educational resources and training programs for community health practitioners; and
- supporting community-based efforts to provide culturally appropriate parenting skills training and ongoing support to parents, which reinforce positive parenting values and skills rooted in the cultural heritage of First Nations and Inuit.

Brighter Futures projects are available to each First Nations and Inuit community across the country. They have resulted in the formation of partnerships and collaboration between government, First Nations and Inuit communities. As a result of these projects, there has been an increased awareness of the conditions of risk facing many First Nations and Inuit children and families.

Aboriginal Head Start (Urban and Northern Communities)

Aboriginal Head Start (AHS) is an early intervention program for First Nations, Inuit and Métis children and their families living in urban centres and large northern communities. It is primarily a preschool program that prepares young Aboriginal children for school by meeting their spiritual, emotional, intellectual and physical needs. Today, there are 114 projects operating in eight provinces and all three northern territories. Aboriginal Head Start project sites provide activities in six areas important to children's healthy development: culture and language; education; health promotion; nutrition; parental; involvement and, social support.

Aboriginal Head Start projects are locally controlled and designed. They strive to provide Aboriginal children with a positive sense of themselves, a desire for learning and opportunities to develop fully as successful young people.

Generally, Aboriginal Head Start projects operate September to June, four days per week. Each 3- to 5-year-old child typically attends the preschool for a half-day. There are commonly 30 to 40 children, in morning and afternoon sessions, in a structured preschool environment. Aboriginal Head Start projects are run by locally managed Aboriginal non-profit organizations and parents participate in the management and operation of their children's program.

Aboriginal Head Start began in May 1995, with a four-year pilot phase and now has ongoing funding of $22.5 million annually. Approximately 3,200 children participate in Aboriginal Head Start each year.

Aboriginal Head Start has generated enthusiasm and passionate commitment among community participants: the parents; project staff; and volunteers who have initiated projects and are keeping them going. Community participants have indicated that Aboriginal Head Start has provided Aboriginal communities and organizations with their best opportunity to collaborate. It has focused community energies on working together for the lives of children and it has improved the lives of thousands of Aboriginal children and families.

The AHS Urban/Northern program is governed by an evaluation framework developed in 1997 and an accountability framework that forms part of its 2000 Treasury Board submission. The program is required to conduct national and local evaluations, and many regions have conducted evaluations as well. National process evaluation data has been collected since 1999 (1999 data was released in the publication *Children Making a Community Whole: A Review of Aboriginal Head Start in Urban and Northern Communities*). Pilot testing of impact evaluation tools, including child impacts, is taking place in 2000-2002, with a launch of the impact evaluation to commence in 2002.

Aboriginal Head Start (Urban and Northern Communities)

According to the 2000 Aboriginal Head Start in Urban and Northern Communities, National Process and Administrative Evaluation Survey:

- 18% of children participating require greater than normal staff time, mostly for language-related, Fetal Alcohol Syndrome/Fetal Alcohol Effects or emotional, behavioural or developmental delays;
- 84% of the projects have parent councils that provide opportunities for parents and community members to have input into the design, implementation and management of their local projects;
- 89% of the project staff are Aboriginal;
- 31% of all staff are trained in early childhood education: another 26% have undergraduate or graduate degrees; and
- volunteers donate 10,000 service hours each month.

Feedback from Parents

"My child comes home (from AHS) and uses what she learns in her playtime and her life. She learns all about her culture and it teaches her to cope with the problems that are inevitable in life. I have noticed so many positive changes in my daughter."

Parent of a child attending Aboriginal Head Start

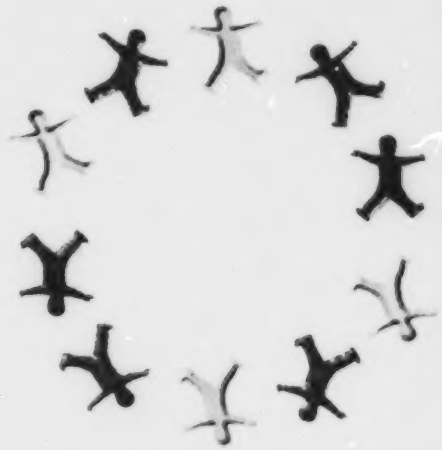
First Nations Head Start

In 1998-1999, the Aboriginal Head Start program was expanded to First Nations communities. First Nations Head Start[25] is an early intervention program for First Nations children on-reserve (ages 0 to 6) and their families. It is intended to prepare these children for their school years by meeting their emotional, social, health, nutritional and psychological needs. The program encourages the development of locally controlled projects in First Nations communities. By involving parents and the community, the program intends to work holistically and to incorporate traditional means of childhood instruction to instil a sense of pride, develop parenting skills and confidence, and foster emotional and social development in all members of the family. There are currently 168 funded First Nations Head Start projects serving 305 communities in Canada.

First Nations Head Start is designed to meet the unique needs of First Nations children and families while ensuring that it complements and is integrated with existing children's programs. These programs include Indian and Northern Affairs Canada's Kindergarten program, Human Resources Development Canada's First Nations and Inuit Child Care Initiative and Health Canada's Brighter Futures Initiative.

The core components of First Nations Head Start projects are culture and language, education, health promotion, nutrition, social support and parental involvement. One national and seven regional committees have been established to oversee the planning and implementation of the projects. These committees are composed largely of representatives from First Nations communities and organizations. They have been successful in ensuring there is no overlap or duplication of services by examining community needs and identifying linkages with existing community programs.

A review of the program, including a combined national process evaluation and baseline survey, is being completed during fiscal year 2001-2002. This study will provide critical programming information leading to a five-year impact evaluation scheduled for fiscal year 2002-2003.



[25] Formerly known as Aboriginal Head Start (AHS). The names of the two components of the former AHS program have been changed to First Nations Head Start and Aboriginal Head Start (Urban and Northern Communities) to clarify their distinct roles.

Dedicated Services for First Nations and Other Aboriginal Children and Families Activities and Expenditures Table[26]

	Who does the activity reach?						What is the expenditure on children under 6?	
	Number of:							
	Activities/Sites		Children under 6		Families			
	1999-2000	2000-2001	1999-2000	2000-2001	1999-2000	2000-2001	1999-2000	2000-2001
Child/Day-care Programs – Alberta	17	17	1,404	1,404	N/A	N/A	$3,629,000	$3,629,000
Child/Day-care Programs – Ontario	66	66	N/A	N/A	N/A	N/A	$12,176,000	$12,177,000
Aboriginal Head Start – New Brunswick	14	14	N/A	N/A	N/A	N/A	$1,804,000	$1,804,000
Elementary Education (Pre-Kindergarten and Kindergarten)	485	485	14,153	13,936	N/A	N/A	$65,000,000	$65,000,000
First Nations National Child Benefit Reinvestment	600	600	42,580	42,580	N/A	N/A	$23,700,000[27]	$23,700,000[27]
First Nations and Inuit Child Care Initiative	390	390	> 7,000	> 7,000	N/A	N/A	$41,000,000[28]	$41,000,000[28]
Brighter Futures	N/A	N/A	45,000	45,000	N/A	N/A	$22,000,000	$20,000,000
First Nations Head Start	225	305[29]	6,100	7,700	N/A	N/A	$29,500,000	$24,250,000
Aboriginal Head Start (Urban and Northern Communities)	112	114	3,122	3,200	N/A	N/A	$22,500,000	$22,500,000
Total expenditures							**$221,309,000**	**$214,060,000**

[26] All 1999-2000 figures are actuals and 2000-2001 figures are estimates.

[27] 36% of the total First Nations reinvestment, of which 8% was child day care ($48.26M). Estimate of proportion of all NCB projects that reported as early childhood development projects.

[28] Reflects expenditures on behalf of children up to age 12, but expenditures are primarily for children under age 6.

[29] There are currently 168 funded First Nations Head Start projects, serving 305 communities

7. Research and Information

Research, knowledge and information are the foundation of evidence-based decision making and are critical to informed policy development. Dissemination of information and sharing of effective practices can create a more knowledgeable public on issues of child development and can promote the enhancement of early childhood development programs and services. In the Early Childhood Development Agreement, governments have agreed to work together, where appropriate, on research and knowledge related to early childhood development, share information on effective practices that improve child outcomes and work together to disseminate the results of research.

The Government of Canada undertakes a number of important information, research and surveillance initiatives. To fully understand how well our young children are doing, and how we can best respond to their needs, we need strong research that follows children over time and monitors the kinds of support they are receiving from their families and communities. The federal government is supporting important research initiatives that will address these issues. In addition, the government is monitoring critical physical health and birth outcomes, and important conditions that put our young children at risk, such as violence in the family. It is also providing information to Canadians about important health topics such as smoking and violence. All of these research and information activities will ultimately influence all four key areas for action that make up the Early Childhood Development Agreement.

In addition to the range of activities described in detail in this chapter, developmental work is underway to create important new sources of information on young children and their families in Canada. In particular, HRDC is currently working with Statistics Canada to develop the Participation and Activity Limitation Survey (PALS). This survey will provide a rich source of information about children with disabilities in Canada, such as the rate and types of disability, age of onset, and the need for and access to disability supports in everyday activities and within specific settings.

Human Resources Development Canada

National Longitudinal Survey of Children and Youth

The National Longitudinal Survey of Children and Youth (NLSCY) is a long-term, ground-breaking study of Canadian children that tracks their development and well-being from birth to early adulthood. It collects information about how a child's family, friends, schools and community influence their physical, behavioural and learning development. Nationally, it surveys more than 30,000 Canadian children every two years. The NLSCY began collecting data in 1994 and is done in partnership by Human Resources Development Canada and Statistics Canada. Research using the information from the survey helps with decisions about which policies, programs and services best support children and their families. It also shows how investing in our children and youth can improve the well-being of children and youth, and Canadian society as a whole.

The NLSCY helps answer questions such as:

- How well are Canada's children and youth able to learn and get along with others?
- How healthy are they?
- What skills and abilities do children need at each stage of their lives?
- What helps children overcome difficulties?
- How do families, schools and the community make a difference in children's lives?

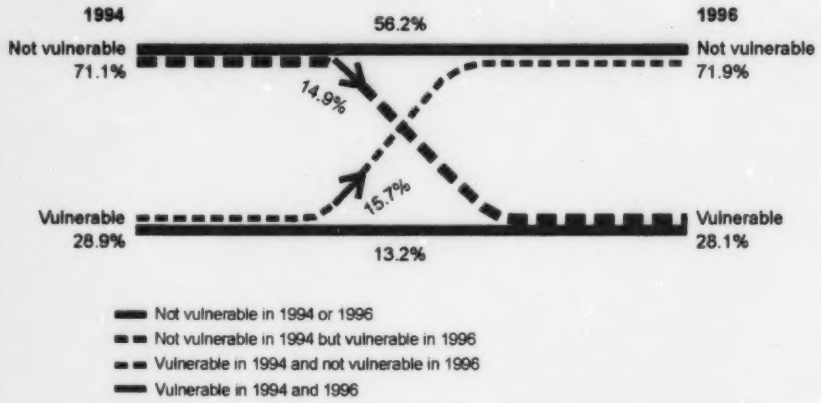
Four cycles of data have been collected in the NLSCY, and a growing body of research has been published and disseminated through various means, including a national policy research conference.

National Longitudinal Survey of Children and Youth

One of the achievements of the NLSCY has been to assess the population of Canadian children based on developmental outcomes; children are considered vulnerable when they have at least one serious learning or behavioural problem, such as poor vocabulary skills or emotional problems. The chart below provides a picture of how Canadian children were doing in 1994, and how the *same* children were doing in 1996. In 1994, 71.1 percent of children 0 to 11 years of age did not have a serious learning or behavioural problem, while 28.9 percent were found to be vulnerable. The breakdown for 1996 is similar, but as the chart illustrates, vulnerability is a dynamic state. For example, slightly over half of the children considered vulnerable in 1994 were not considered to be vulnerable in 1996.

Reproduced from: *Applied Research Bulletin*, Volume 7, Number 1 (Winter/Spring 2001), p. 4.

A dynamic view of vulnerable children



Note: Children are considered vulnerable when they have at least one serious learning or behavioural problem.

Source: *National Longitudinal Survey of Children and Youth, 1994 and 1996*

Understanding the Early Years Initiative

The Understanding the Early Years Initiative builds on the NLSCY. With a focus on the early years, it is designed to: increase knowledge about children's development, especially the impacts communities can have; monitor our progress as a society in improving outcomes for young children; and stimulate community action.

Understanding the Early Years includes a community research initiative involving teachers, parents, guardians, community agencies and the Government of Canada. It is helping communities from British Columbia to Newfoundland and Labrador understand how their children are doing and how best to respond to their needs. Understanding the Early Years looks at the whole picture: how neighbourhoods, children's programs and services, families, schools and child care facilities influence early childhood development. It also maps out where children in a community live in relation to where the programs and services supporting them and their families can be found.

With this information, participating communities will put in place action plans that will help their children - both before and after they enter school - reach their full potential in life.

Understanding the Early Years is important because we need to answer the question "How are our children doing now?" before we will know how to help them do better in the future. Understanding the Early Years is providing answers to this question so that communities and governments can develop the policies, programs and services that best promote the well-being of our children.

Understanding the Early Years projects currently exist in 13 sites across the country: British Columbia (Coquitlam, Abbotsford); Saskatchewan (Prince Albert, Saskatoon); Manitoba (Winnipeg, South Eastman); Ontario (North York, Mississauga, Niagara Falls); Quebec (Montreal); New Brunswick (Hampton); Prince Edward Island (all communities) and Newfoundland and Labrador (Southwestern Newfoundland).

What does "readiness to learn at school" mean?

When we hear the term "readiness to learn at school," what often comes to mind is a child's ability to learn to read, write and do math. These things are important, but readiness to learn means much more. It means a child's:

- physical health and well-being;
- emotional health and maturity;
- ability to get along with others and learn new skills;
- language development and thinking skills; and
- ability to communicate with others and to understand the world around them.

Children who enter school "ready to learn"

- have developed the ability to get along with others;
- have developed ways to cope with disappointment and challenges; and
- are eager to try new experiences.

North York: Understanding the Early Years

How are children in North York doing?

- Most children in North York are doing well. Children in North York scored better in the area of behaviour than the provincial and national averages.
- Children who read every day and who make use of libraries, book clubs and education centres did better than children who did not.
- However, almost one-third are experiencing some difficulty in two or more of the following areas: health, social competence, emotional maturity, cognitive development and communication skills.
- Many children in North York speak English as their second language. These children scored lower in the area of language development, an important aspect of being ready to learn when starting school.
- Positive parenting practices are associated with positive behaviour development in children.
- Children of parents involved in their community through voluntary organizations did better than those whose parents were not involved.

Source: Connor, S. *Understanding the Early Years: Early Childhood Development in North York.* Applied Research Branch, Human Resources Development Canada. May 2001.

Social Development Partnerships Program

Social Development Partnerships Program currently has a special funding stream to support projects related to early childhood learning and care, along the lines of the former Child Care Visions Program. The Child Care Visions program was created in 1995 as a national child care research and development contribution program. Its primary objective has been to support research and development projects that will study the adequacy, outcomes and cost-effectiveness of current best child care practices and service delivery models. The program has solicited projects that are innovative and national in scope. Non-profit organizations and community groups are eligible for funding.

Under the Social Development Partnerships Program, a special request for proposals was issued in 2001 that will result in contributions to building and bringing together knowledge on practice, both in child care and, more broadly, on other early childhood development services (e.g. family resource programming). Projects have helped to track the state of services on a pan-Canadian basis. Projects provide support to policy development (e.g., by researching cost-effectiveness); program development (e.g., by identifying effective models); and professional development (e.g., by strengthening the sector as well as developing training and public awareness materials) on early childhood learning and care issues.

The program has recently been repositioned to ensure that this investment in research and development contributes to knowledge on early childhood learning and care, consistent with the Early Childhood Development Agreement.

Intercountry Adoption Services

Intercountry Adoption Services provides coordination and consultative services to provincial and territorial governments (except Quebec) in the area of international adoptions. It works with foreign governments and agencies, as well as with various Canadian and international stakeholders, to promote and protect the best interests of children through:

- information coordination among provinces and territories, as well as between Canada and foreign countries; and
- close working relationships with other federal departments involved in the field of international adoption, such as Citizenship and Immigration Canada, Justice Canada, and Foreign Affairs and International Trade.

The Intercountry Adoption Services provides support for adoption of children of all ages, but the majority of these adoptions (approximately 80 percent) involve children under 6 years of age.

Health Canada

Centres of Excellence for Children's Well-Being

Five Centres of Excellence for Children's Well-Being were announced by Health Canada in October 2000. The goal of the Centres of Excellence for Children's Well-Being program is to improve our understanding of the physical and mental health needs of children, and the critical factors necessary for healthy child development. The Centres' networks operate as sources of knowledge development and dissemination, linking individuals and organizations with expertise from diverse sectors, disciplines and parts of the country to address different aspects of children's health and well-being.

The Centre of Excellence for Early Childhood Development is specifically focused on early childhood development issues, with an emphasis on social and emotional development. It is involved in collecting and analyzing health information and data; conducting focused research; providing policy advice to governments and child-serving agencies; communicating and disseminating the information to a variety of audiences; and creating local, national and international networks.

It uses a unique approach and integrated view of child development to address the wide range of factors affecting children's health. The first year of research will be devoted to issues related to the period of life from before birth to age 1. The second year will focus on age 1 to age 2, and so on, so that at the end of five years a complete package of materials will have been created following children from conception to age 5.

The Centre uses traditional communication products such as articles, newsletters and workshops, as well as state-of-the-art multimedia including videos and CD-ROMs, to consolidate expert knowledge on early childhood development and disseminate it broadly to parents and service providers.

The Early Childhood Development Centre operates under the administrative leadership of the University of Montréal, in partnership with the Canadian Child Care Federation; Canadian Institute of Child Health; IWK Grace Health Centre in Halifax; University of British Columbia; Conseil de la Nation Atikamekw in Wemotaci, Quebec; Queen's University in Kingston; l'Hôpital Sainte-Justine in Montréal; Institut de la santé publique du Québec; Canadian Paediatric Society; and the Centre de Psycho-éducation du Québec.

Other Centres of Excellence (e.g. Centre for Children and Adolescents with Special Needs) also include research on early childhood development.

Family Violence Initiative and National Clearinghouse on Family Violence

With the long-term goal of reducing the occurrence of family violence in Canada, the Family Violence Initiative supports activities to address gaps in knowledge and to develop and disseminate information on the issue of family violence on behalf of 7 federal government departments and agencies: Health Canada; Canada Mortgage and Housing Corporation; Justice Canada; RCMP; Canadian Heritage; Status of Women Canada; and Statistics Canada.

Health Canada operates the National Clearinghouse on Family Violence (including an electronic database and 1-800 telephone line) under the auspices of the Family Violence Initiative on behalf of participating federal departments and agencies. The Clearinghouse is a national resource centre for Canadians who are seeking information about violence within the family, including child abuse. By disseminating information on aspects of prevention, protection and treatment, the Clearinghouse helps Canadian communities work toward the goal of eventually eliminating family violence.

Child Health Surveillance

Health surveillance consists of data collection, expert analysis and interpretation, and timely communication of information for action. Health surveillance provides information necessary for effective priority setting, and policy and program development, implementation and evaluation.

Health Canada leads a number of collaborative surveillance programs to support reproductive and child health, including programs in: perinatal health; injury, abuse and neglect; chronic diseases; and immunization. Some programs that support early childhood development include:

Perinatal Health

A healthy pregnancy and infancy are key to optimal child development. Several Health Canada surveillance initiatives address this important period. The Canadian Perinatal Surveillance System (CPSS) is an ongoing system of data collection and analysis for the perinatal period, including both maternal and infant health outcomes. Current indicators monitored by the CPSS include, perinatal health care information (e.g., Cesarean delivery), perinatal outcomes (e.g., mortality and morbidity), and socio-demographic and behavioural information.

An important component of the CPSS is the Canadian Congenital Anomalies Surveillance System (CCASS). CCASS is a national surveillance system of congenital anomalies diagnosed at birth and up to 1 year of age and provides birth prevalence estimates of 57 specific categories of birth defects.

Mother-Net Pilot Project

Health Canada is working in partnership with two clinics, Motherisk at the Hospital for Sick Children in Toronto and IMAGe at Hôpital Sainte-Justine in Montreal, on the Mother-Net Pilot Project. The Mother-Net Pilot Project is creating a system that will share information on the effects of drugs used by pregnant or breastfeeding women on their fetus or child. The information will then be used to advise women and health care professionals on the potential side effects or benefits of starting or continuing to take a given drug during pregnancy or breastfeeding. Initially, Mother-Net will concentrate on information on drugs, and alcohol and tobacco. It is expected that the Mother-Net system will become operational on April 1, 2003.

Injury, Abuse and Neglect

Injury (intentional and unintentional) is the leading cause of death for Canadian children and the second leading cause of hospitalization. Health Canada engages in a number of activities related to monitoring of child injury and

maltreatment, including surveillance and research on a national and international level. Two cornerstones of Health Canada's current surveillance of child injury, abuse and neglect are: (1) the Canadian Hospitals Injury Reporting and Prevention Program, which is a surveillance system that collects information on injuries in ten pediatric hospital emergency rooms in Canada and in five general hospital emergency rooms and (2) the Canadian Incidence Study of Reported Child Abuse and Neglect, which is the first national study of the incidence of child abuse and neglect reported to, and investigated by, child welfare services in Canada. Estimates in the final report are based on a core sample of 7,672 child maltreatment investigations, drawn from a total population of an estimated 135,573 child maltreatment investigations by child welfare services in 1998.

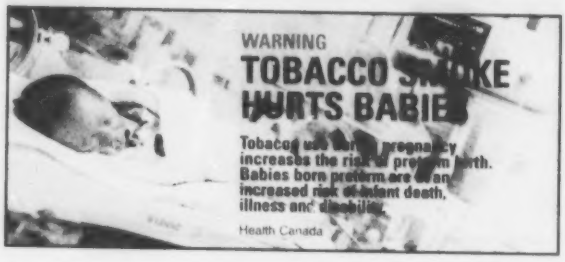
Chronic Diseases

Additionally, Health Canada monitors chronic diseases in children. The Canadian Childhood Cancer Surveillance and Control Program, for example, has been operational at a national level since 1995. It was designed to describe the patterns of health care used by children with cancer, assess their clinical outcomes and determine the risk factors for developing childhood cancer. Cancer is the second leading cause of death for children in Canada under the age of 15.

Health Warning and Information Labels and *Infotobacco.com* Website

Smoking during pregnancy is associated with health risks to both the mother and baby, including miscarriages, premature birth, low birthweight and reduced neonatal lung function. Low birthweight babies, in turn, have a higher risk of neurological and developmental delays and may be more susceptible to respiratory infections, like asthma.

Beginning in December 2000, a total of 16 health warnings and messages began to appear on 50 percent of the available space on cigarette packages in Canada. Two of these health messages and warning labels deal directly with the harm caused to unborn babies and newborns who are exposed to environmental tobacco smoke (ETS). They are intended to increase public awareness of the dangers to the health of the baby and the mother associated with maternal smoking during pregnancy. Two health messages and warning labels also address parents and ETS.



These new health messages are currently being promoted across Canada on major television stations and in national and regional newspapers. The promotional campaign directs Canadians to the Health Canada website <Infotobacco.com>. <Infotobacco.com> helps determine how ready individuals are to quit smoking and helps smokers to prepare for quitting through education, confidence building and obtaining help from others. Visits to the Health Canada website will be tracked carefully as one way to measure the level of interest among Canadians in obtaining cessation information. In a preliminary report, in one week in February 2001, a record number of 150,000 visits to the cessation site were recorded.

Population Health Fund

The goal of the Population Health Fund is to increase community capacity for action on or across determinants of health. Through project funding, the Population Health Fund supports initiatives that facilitate coordinated action among voluntary organizations, service providers, governments and the private sector to improve population health. Between 1999 and 2001, projects for children and youth (but not limited to children under 6 years) were solicited that addressed the following priorities:

- creating optimal conditions for the healthy development of young children;
- supporting families;
- creating safe, supportive and violence-free physical and social environments; and
- fostering healthy adolescent development.

Health Transition Fund

The Health Transition Fund was created in 1997 to support evidence-based decision making in health care reform, primarily by supporting pilot and evaluation projects which explore innovative approaches to health care delivery. Each Health Transition Fund project must relate to at least one of four priority areas: home care, pharmaceutical issues, primary health care or integrated service delivery. Children's health has emerged as a key theme and a number of projects have been funded related to early childhood development. For example:

- Coordination and Evaluation of a Home Birth Demonstration Project;
- Integrated Postpartum Care and Lactation Support;
- Healthy Families Primary Care Services to High-risk Families;
- Projet d'une expérience novatrice dans la région de Québec : les cliniques de périnalité;
- Enhancement of an Integrated Model of Prenatal Assessment and Care on Prince Edward Island;
- "Born Healthy, Raised Healthy," a Breastfeeding and Nutrition Support Program; and
- Integrating and Coordinating Services and Supports for Medically Fragile and Technologically Dependent Children.

Research and Information Activities and Expenditures Table[30,31]

	What is the expenditure on children under 6?	
	1999-2000	2000-2001
National Longitudinal Survey of Children and Youth (NLSCY)	$4,158,000[32]	$7,742,000[32]
Understanding the Early Years		
Social Development Partnerships Program	$5,224,000[33]	$5,224,000[33]
Intercountry Adoption Services	$500,000[34]	$500,000[34]
Centres of Excellence for Children's Well-Being	N/A[35]	$525,000[36]
National Clearinghouse on Family Violence	$ 892,000[37]	$886,000[37]
Canadian Perinatal Surveillance System (CPSS) (including Canadian Congenital Anomalies Surveillance System (CCASS))	$2,200,000	$3,300,000
Mother-Net Pilot Project	$18,000	$259,000
Monitoring of Child Injury Activity (including Canadian Hospitals Injury Reporting and Prevention Program)	$600,000[38]	$690,000[38]
Child Maltreatment Activity (including Canadian Incidence Study of Reported Child Abuse and Neglect)	$400,000	$ 375,000
Canadian Childhood Cancer Surveillance and Control Program	$266,000	$280,000
Health Warning and Information Labels and Infotobacco.com website	$225,000[39]	$360,000[39]
Population Health Fund	$2,472, 000[40]	$2,337,000[40]
Health Transition Fund	$3,774,000[41]	$3,774,000[41]
Total expenditures	**$20,729,000**	**$26,252,000**

[30] All 1999-2000 figures are actuals and 2000-2001 figures are estimates.

[31] Because most of the research and information initiatives described here do not directly impact a quantifiable number of young children or families and do not have programs/sites, those categories of the table have been eliminated for this chapter. A notable exception is the Understanding the Early Years Initiative, which operated in 6 communities in 1999-2000 and 13 communities in 2000-2001.

[32] Expenditures for the NLSCY (for children aged 0-5) and Understanding the Early Years are too closely linked to divide into two separate and distinct expenditure figures.

[33] Funding for all projects. Although the child care focus of the program is mostly on children under 6 years of age, some research and development related to after school care which may benefit older children has been undertaken.

[34] Expenditure is for all Intercountry Adoption Services, but the majority of these adoptions (approximately 80 percent) involve children under 6 years of age.

[35] The Centres of Excellence were officially announced in 2000.

[36] Includes total budget for the Centre of Excellence for Early Childhood Development as well as an estimate of expenditures on early childhood development - specific activities in other Centres of Excellence for Children's Well-Being.

[37] Expenditures are for children aged 0 to 18.

[38] Includes all monitoring of child injury activity, including Canadian Hospitals Injury Reporting and Prevention Program, estimated to be 60 percent of total injury budget.

[39] Estimate for four labels and messaging related to early childhood development (from a total of 16).

[40] Population Health Fund expenditures are for children aged 0 to 18.

[41] Health Transition Fund expenditures are for children aged 0 to 18. This figure is an estimate. Gross numbers from the period 1999 to 2001 have been divided equally across each fiscal year. This number may not reflect actual spending for each of the fiscal years.

8. Summary of Activities and Expenditures, by Federal Department

Health Canada
Activities and Expenditures Table[42]

	Who does the activity reach?						What is the expenditure on children under 6?	
	Number of:							
	Activities/Sites		Children under 6		Families			
	1999-2000	2000-2001	1999-2000	2000-2001	1999-2000	2000-2001	1999-2000	2000-2001
Aboriginal Head Start (Urban and Northern Communities)	112	114	3,122	3,200	N/A	N/A	$22,500,000	$22,500,000
Brighter Futures	N/A	N/A	45,000	45,000	N/A	N/A	$22,000,000	$20,000,000
Canada Prenatal Nutrition Program (CPNP)	294 projects 912 sites 2,155 communities	301 projects	28,000 infant & prenatal (~ 14,000 infants)	31,000 infant & prenatal (~ 16,000 infants)	28,000	31,000	$17,479,000[43]	$27,366,000[44]
CPNP First Nations and Inuit Component	400 programs[45]	500 programs[45]	6000	7500	N/A	N/A	$5,600,000	$10,300,000
Canadian Childhood Cancer Surveillance and Control Program	N/A	N/A	N/A	N/A	N/A	N/A	$266,000	$280,000
Canadian Perinatal Surveillance System (CPSS) (including Canadian Congenital Anomalies Surveillance System (CCASS))	N/A	N/A	N/A	N/A	N/A	N/A	$2,200,000	$3,300,000
Centres of Excellence for Children's Well-Being	N/A	N/A	N/A	N/A	N/A	N/A	N/A[46]	$525,000[47]
Child Health Record	N/A	N/A	N/A	400,000	N/A	400,000	N/A[48]	$105,000[49]
Child Maltreatment Activity (including Canadian Incidence Study of Reported Child Abuse and neglect)	N/A	N/A	N/A	N/A	N/A	N/A	$400,000	$375,000
Community Action Program for Children (CAPC)	499	464	36,197	57,038	34,039	47,234	$59,500,000[48]	$59,500,000[48]
Family-Centred Maternity and Newborn Care	N/A	N/A	N/A	N/A	N/A	N/A	$125,000	$15,000
Fetal Alcohol Syndrome/Fetal Alcohol Effects (FAS/FAE)	N/A	N/A	N/A	N/A	N/A	N/A	$1,250,000	$2,650,000
FAS/FAE First Nations and Inuit Component	N/A	N/A	N/A	N/A	N/A	N/A	$750,000	$1,350,000
First Nations Head Start	225	305[51]	6,100	7,700	N/A	N/A	$29,500,000	$24,250,000
Health Transition Fund	N/A	N/A	N/A	N/A	N/A	N/A	$3,774,000[52]	$3,774,000[52]
Health Warning and Information Labels and Infotobacco.com website	N/A	N/A	N/A	N/A	N/A	N/A	$225,000[53]	$360,000[53]
Monitoring of Child Injury Activity (including Canadian Hospitals Injury Reporting and Prevention Program)	N/A	N/A	N/A	N/A	N/A	N/A	$600,000[54]	$690,000[54]
Mother-Net Pilot Project	N/A	N/A	N/A	N/A	N/A	N/A	$18,000	$259,000
National Clearinghouse on Family Violence	N/A	N/A	N/A	N/A	N/A	N/A	$892,000[55]	$886,000[55]
Nobody's Perfect	1,000+	1,000+	N/A	N/A	N/A	N/A	$160,000[56]	$140,000[56]
Population Health Fund	N/A	N/A	N/A	N/A	N/A	N/A	$2,472,000[57]	$2,337,000[57]
Postpartum Parent Support Program (PPSP)	600	600	N/A	N/A	N/A	N/A	$100,000	$100,000
Reducing the Risk of Sudden Infant Death Syndrome (SIDS)	N/A	N/A	350,000[58]	350,000[58]	350,000[58]	350,000[58]	$40,000	$40,000
Total expenditures							**$169,851,000**	**$181,102,000**

[42]All 1999-2000 figures are actuals and 2000-2001 figures are estimates.
[43]$17.4 million goes directly to communities in the form of grants and contributions.
[44]$27.3 million goes directly to communities in the form of grants and contributions.
[45]CPNP First Nations and Inuit component "programs" are a series of activities and not a self-sufficient project with staff, space, etc.
[46]The Centres of Excellence were officially announced in 2000.
[47]Includes total budget for the Centre of Excellence for Early Childhood Development as well as an estimate of expenditures on early childhood development specific activities in other Centres of Excellence for Children's Well-Being.
[48]Child Health Record was first produced in 2000.
[49]Health Canada funding only. In addition, Procter & Gamble - Pampers contributed approximately $300,000 for printing, dissemination through hospital gift packs and the media event.
[50]$52.9 million goes directly to communities in the form of grants and contributions.
[51]There are currently 168 funded First Nations Head Start projects, serving 305 communities.
[52]This figure is an estimate. Gross numbers from the period 1999 to 2001 have been divided equally across each fiscal year.
[53]Estimate from four labels and messaging related to early childhood development (from a total of 16).
[54]Includes all monitoring of child injury activity, including CHIRPP, estimated to be 60 percent of total injury budget.
[55]Expenditures are for children aged 0 to 18
[56]Health Canada funding only. There are additional implementation costs that are covered by provincial and territorial governments.
[57]Population Health Fund expenditures are for children aged 0 to 18.
[58]This is based on the quantities of resources disseminated. Potentially, parents of all newborn infants are receiving this information.

Human Resources Development Canada Activities and Expenditures Table[59]

	Who does the activity reach?						What is the expenditure on children under 6?	
	Number of:							
	Activities/Sites		Children under 6		Families			
	1999-2000	2000-2001	1999-2000	2000-2001	1999-2000	2000-2001	1999-2000	2000-2001
Social Development Partnerships Program	N/A	N/A	N/A	N/A	N/A	N/A	$5,224,000[60]	$5,224,000[60]
Employment Insurance: Maternity Benefits	N/A	N/A	N/A	N/A	175,800	175,800	$722,900,000	$722,900,000
Employment Insurance: Parental Benefits	N/A	N/A	N/A	N/A	170,620	170,620	$471,700,000	$471,700,000[61]
First Nations and Inuit Child Care Initiative	390	390	> 7,000	> 7,000	N/A	N/A	$41,000,000[62]	$41,000,000[62]
Intercountry Adoption Services	N/A	N/A	N/A	N/A	N/A	N/A	$500,000[63]	$500,000[63]
National Literacy Secretariat (NLS) – Family Literacy Projects	85 projects	83 projects	N/A	N/A	N/A	N/A	$2,763,000[64]	$3,416,000[64]
National Longitudinal Survey of Children and Youth (NLSCY)	N/A	N/A	N/A	N/A	N/A	N/A	$4,158,000[65]	$7,742,000[65]
Understanding the Early Years	6 communities	13 communities	N/A	N/A	N/A	N/A		
Total expenditures							**$1,248,245,000**	**$1,252,482,000**

[59]All 1999-2000 figures are actuals and 2000-2001 figures are estimates.
[60]Funding for all projects. Although the child care focus of the program is mostly on children under 6 years of age, some research and development related to after school care which may benefit older children has been undertaken.
[61]Based on expenditures for 1999-2000. Subject to change because of unknown uptake of changes to Parental Benefits (from six months to one year at the beginning of 2001).
[62]Reflects expenditures on behalf of children up to age 12, but expenditures are primarily for children under age 6.
[63]Expenditure is for all Intercountry Adoption Services, but the majority of these adoptions (approximately 80 percent) involve children under 6 years of age.
[64]Funding for all projects. While most of these projects focus on developing literacy skills and tools for young children prior to school entry and their parents, some also include components not directly related to children, but which could not be separated from the overall expenditure.
[65]Expenditures for the NLSCY (for children aged 0-5) and Understanding the Early Years are too closely linked to divide into two separate and distinct expenditure figures.

Indian and Northern Affairs Canada Activities and Expenditures Table[66]

	Who does the activity reach?						What is the expenditure on children under 6?	
	Number of:							
	Activities/Sites		Children under 6		Families			
	1999-2000	2000-2001	1999-2000	2000-2001	1999-2000	2000-2001	1999-2000	2000-2001
Aboriginal Head Start – New Brunswick	14	14	N/A	N/A	N/A	N/A	$1,804,000	$1,804,000
Child/Day-care Program – Alberta	17	17	1,404	1,404	N/A	N/A	$3,629,000	$3,629,000
Child/Day-care Program – Ontario	66	66	N/A	N/A	N/A	N/A	$12,176,000	$12,177,000
Elementary Education (Pre-Kindergarten and Kindergarten)	485	485	14,153	13,936	N/A	N/A	$65,000,000	$65,000,000
First Nations National Child Benefit Reinvestment	600	600	42,580[67]	42,580[67]	N/A	N/A	$23,700,000	$23,700,000
Total expenditures							**$106,309,000**	**$106,310,000**

[66] All 1999-2000 figures are actuals and 2000-2001 figures are estimates.

[67] Total number of children under 6 years of age living on-reserve. Due to the flexibility of the National Child Benefit, First Nations have the ability to choose what types of programs to implement within five broad areas: child/day care; child nutrition; early childhood development; employment/training; and, other (culture or recreation). Therefore, based on the decisions made by communities regarding their priorities, all children resident on-reserve may not directly benefit from early childhood development programming through the NCB.

Canada Customs and Revenue Agency Activities and Expenditures Table[68]

	Who does the activity reach?						What is the expenditure on children under 6?	
	Number of:							
	Activities/Sites		Children under 6		Families			
	1999-2000	2000-2001	1999-2000	2000-2001	1999-2000	2000-2001	1999-2000	2000-2001
Canada Child Tax Benefit (CCTB) Program - Supplement	N/A	N/A	1,695,257	1,642,486	1,271,667	1,234,252	$293,300,000	$284,200,000
Child Care Expense Deduction	N/A	N/A	N/A	N/A	1,223,559	1,228,125	$431,000,000[69]	$424,000,000[69]
Total expenditures							**$724,300,000**	**$708,200,000**

[68] All 1999-2000 figures are actuals and 2000-2001 figures are estimates.

[69] Both Child Care Expense Deduction figures (1999-2000 and 2000-2001) are projections and include deductions that were made for all ages of children. It was not possible to isolate the expenditure for children under 6 years from the total expenditure. Figures do not include Canada Customs and Revenue Agency operating expenditures to administer the Deduction.

Justice Canada
Activities and Expenditures Table[70]

	Who does the activity reach?						What is the expenditure on children under 6?	
	Number of:							
	Activities/Sites		Children under 6		Families			
	1999-2000	2000-2001	1999-2000	2000-2001	1999-2000	2000-2001	1999-2000	2000-2001
National Strategy on Community Safety and Crime Prevention	27	37	N/A	N/A	N/A	N/A	$944,000[71]	$1,370,000[71]
Total expenditures							**$944,000**	**$1,370,000**

[70] All 1999-2000 figures are actuals and 2000-2001 figures are estimates.
[71] Expenditures through grants and contributions only. No operating costs are reported as child-related costs cannot be segregated from overall program.

National Defence
Activities and Expenditures Table[72]

	Who does the activity reach?						What is the expenditure on children under 6?	
	Number of:							
	Activities/Sites		Children under 6		Families			
	1999-2000	2000-2001	1999-2000	2000-2001	1999-2000	2000-2001	1999-2000	2000-2001
Military Family Resource Centres (MFRC)	15,000[73] in 45 sites[74]	15,000[73] in 45 sites[74]	80,000[75]	80,000[75]	35,000[75]	35,000[75]	$4,000,000	$4,000,000
Total expenditures							**$4,000,000**	**$4,000,000**

[72] Both 1999-2000 figures and 2000-2001 figures are estimates.
[73] This number indicates the total frequency of programs and not the number of programs offered (for example, the same program might be offered at several different sites).
[74] 36 in Canada, 2 in U.S., 7 in Europe.
[75] This number indicates the total number of visits.

Appendix 1

Where Do Our Children Live?

(Number of children under 6 years of age and as a proportion of the total population of their province or territory)

Appendix 2

Detailed Expenditure Information Tables: Formulae used in approximations of expenditures[76]

Healthy Pregnancy, Birth and Infancy

Program	1999-2000	Formula used if approximation	2000-2001	Formula used if approximation
Canada Prenatal Nutrition Program (CPNP)	$17,479,000[77] plus $5,600,000 (First Nations and Inuit)	Figure is actual	$27,366,000[78] plus $10,300,000 (First Nations and Inuit)	Figure is projected based on 1999-2000 expenditures
Reducing the Risk of Sudden Infant Death Syndrome (SIDS)	$40,000	Figure is actual	$40,000	Figure is projected based on 1999-2000 expenditures
Fetal Alcohol Syndrome/Fetal Alcohol Effects Initiative (FAS/FAE)	$1,250,000 plus $750,000 (First Nations and Inuit)	Figure is actual	$2,650,000 plus $1,350,000 (First Nations and Inuit)	Figure is projected based on 1999-2000 expenditures
Postpartum Parent Support Program (PPSP)	$100,000	Figure is actual	$100,000	Figure is projected based on 1999-2000 expenditures
Family-Centred Maternity and Newborn Care	$125,000	Figure is actual	$15,000	Figure is projected based on 1999-2000 expenditures
Employment Insurance: Maternity Benefits	$722,900,000	Figure is actual	$722,900,000	Figure is projected based on 1999-2000 expenditures
Employment Insurance: Parental Benefits	$471,700,000	Figure is actual	$471,700,000	Figure is projected based on 1999-2000 expenditures

[76] All 1999-2000 figures are actuals and 2000-2001 figures are estimates.
[77] $17.4 million goes directly to communities in the form of grants and contributions.
[78] $27.3 million goes directly to communities in the form of grants and contributions.

Parenting and Family Supports

Program	1999-2000	Formula used if approximation	2000-2001	Formula used if approximation
Nobody's Perfect	$160,000[79]	Figure is actual	$140,000[79]	Figure is projected based on 1999-2000 expenditures
Community Action Program for Children (CAPC)	$59,500,000[80]	Figure is actual	$59,500,000[80]	Figure is projected based on 1999-2000 expenditures
Child Health Record	N/A	N/A	$105,000[81]	Figure is estimate
National Literacy Secretariat (NLS) – Family Literacy Projects	$2,763,000	Funding for all projects. While most of these projects focus on developing literacy skills and tools for young children prior to school entry and their parents, some also include components not directly related to children, but which could not be separated from the overall expenditure.	$3,416,000	Funding for all projects. While most of these projects focus on developing literacy skills and tools for young children prior to school entry and their parents, some also include components not directly related to children, but which could not be separated from the overall expenditure.

[79] There are additional implementation costs that are covered by provincial and territorial governments.
[80] $52.9 million goes directly to communities in the form of grants and contributions.
[81] Procter & Gamble - Pampers contributed approximately $300,000 for printing, dissemination through hospital gift packs and the media event.

Early Childhood Development, Learning and Care

	1999-2000	Formula used if approximation	2000-2001	Formula used if approximation
Child Care Expense Deduction	$431,000,000	Expenditures for deductions that were made for all ages of children. It was not possible to isolate the expenditure for children under 6 years from the total expenditure. Does not include Canada Customs and Revenue Agency operating expenditures to administer the Deduction.	$424,000,000	Expenditures for deductions that were made for all ages of children. It was not possible to isolate the expenditure for children under 6 years from the total expenditure. Does not include Canada Customs and Revenue Agency operating expenditures to administer the Deduction.
Canada Child Tax Benefit (CCTB) Program – Supplement	$293,300,000	Figure is actual	$284,160,000	Figure is projected based on 1999-2000 expenditures
Military Family Resource Centres (MFRC)	$4,000,000	Estimate based on the percentage of the total funding that is allocated to children and youth programs and other program areas that include this age category.	$4,000,000	Estimate based on the percentage of the total funding that is allocated to children and youth programs and other program areas that include this age category.

Community Supports

	1999-2000	Formula used if approximation	2000-2001	Formula used if approximation
National Strategy on Community Safety and Crime Prevention	$944,000	If a project has more than one age range, then the sum provided has been divided equally to represent the amount spent on children under 6 years of age. If a project has outcomes other than those of benefit to early childhood development, the sum provided was divided equally in order to present an approximation of the amount spent on children under 6. Expenditures through grants and contributions only. No operating costs are reported as child-related costs cannot be segregated from overall program.	$1,370,000	If a project has more than one age range, then the sum provided has been divided equally to represent the amount spent on children under 6 years of age. If a project has outcomes other than those of benefit to early childhood development, the sum provided was divided equally in order to present an approximation of the amount spent on children under 6. Expenditures through grants and contributions only. No operating costs are reported as child-related costs cannot be segregated from overall program.

Dedicated Services for First Nations and Other Aboriginal Children and Families

	1999-2000	Formula used if approximation	2000-2001	Formula used if approximation
Child/Day-care Programs – Alberta	$3,629,000	Figure is actual	$3,629,000	Figure is projected based on 1999-2000 expenditures
Child/Day-care Programs – Ontario	$12,176,000	Figure is actual	$12,177,000	Figure is projected based on 1999-2000 expenditures
Aboriginal Head Start – New Brunswick	$1,804,100	Figure is actual	$1,804,100	Figure is projected based on 1999-2000 expenditures
Elementary Education (Pre-Kindergarten and Kindergarten)	$65,000,000	$7,952 X 8,190 full-time employees	$65,000,000	$8,059 X 8,058 full-time employees
First Nations National Child Benefit Reinvestment	$23,700,000	36% of total First Nations reinvestment ($48.26M) (estimate of proportion of all National Child Benefit projects that reported as early childhood development projects)	$23,700,000	36% of total First Nations reinvestment ($48.26M) (estimate of proportion of all National Child Benefit projects that reported as early childhood development projects)
First Nations and Inuit Child Care Initiative	$41,000,000	Reflects expenditures for all children up to age 12, but expenditures are primarily for children under 6.	$41,000,000	Reflects expenditures for all children up to age 12, but expenditures are primarily for children under 6.
Brighter Futures	$22,000,000	Figure is actual	$20,000,000	Figure is projected based on 1999-2000 expenditures
First Nations Head Start	$29,500,000	Figure is actual	$24,250,000	Figure is projected based on 1999-2000 expenditures
Aboriginal Head Start (Urban and Northern Communities)	$22,500,000	Figure is actual	$22,500,000	Figure is projected based on 1999-2000 expenditures

Research and Information

	1999-2000	Formula used if approximation	2000-2001	Formula used if approximation
National Longitudinal Survey of Children and Youth (NLSCY) and Understanding the Early Years	$4,158,000	Figure is actual	$7,742,000	Figure is projected based on 1999-2000 expenditures
Social Development Partnerships Program	$5,224,000	Funding for all projects. Although the child care focus of the program is mostly on children under 6 years of age, some research and development related to after school care which may benefit older children has been undertaken.	$5,224,000	Funding for all projects. Although the child care focus of the program is mostly on children under 6 years of age, some research and development related to after school care which may benefit older children has been undertaken.
Intercountry Adoption Services	$500,000	For all Intercountry Adoption Services, but the majority of these adoptions (approximately 80%) involve children under 6.	$500,000	For all Intercountry Adoption Services, but the vast majority of these adoptions (approximately 80%) involve children under 6.
Centres of Excellence for Children's Well-Being	N/A		$525,000	Total amount for Centre for Early Childhood Development plus 41.6% of total budget ($300,000) of Centre for Children and Adolescents with Special Needs dealing with Early Childhood Development.
National Clearinghouse on Family Violence	$892,000	Reflects expenditure for Clearinghouse activities directly related to child abuse (for all children 0-18 years).	$886,000	Reflects expenditure costs for Clearinghouse activities directly related to child abuse (for all children 0-18 years).
Canadian Perinatal Surveillance System (CPSS) (including Canadian Congenital Anomalies Surveillance System (CCASS))	$2,200,000	Figure is actual	$3,300,000	Figure is projected based on 1999-2000 expenditures
Mother-Net Pilot Project	$18,000	Figure is actual	$259,000	Figure is projected based on 1999-2000 expenditures
Monitoring of Child Injury Activity (including Canadian Hospitals Injury Reporting and Prevention Program)	$600,000	Figure is actual	$690,000	Figure is projected based on 1999-2000 expenditures
Child Maltreatment Activity (including Canadian Incidence Study of Reported Child Abuse)	$400,000	Figure is actual	$375,000	Total expenditures for children aged 0 to 18 years
Canadian Childhood Cancer Surveillance and Control Program	$266,000	Actual X 35% dedicated to children under 6.	$280,000	Actual X 35% dedicated to children under 6.
Health Warning and Information Labels and Infotobacco.com website	$225,000	25% of total for labelling initiative (i.e. 4 labels/messages related to early childhood development from a total of 16).	$360,000	25% of total for labelling Initiative (i.e. 4 labels/messages related to early childhood development from a total of 16).
Population Health Fund	$2,472,000	Total expenditures for children aged 0 to 18 years.	$3,774,000	Total expenditures for children aged 0 to 18 years.
Health Transition Fund	$3,774,000	Total expenditures for children aged 0 to 18 years. This figure is an estimate. Gross numbers from the period 1999 to 2001 have been divided equally across each fiscal year. This number may not reflect actual spending for each of the fiscal years.	$3,774,000	Total expenditures for children aged 0 to 18 years. This figure is an estimate. Gross numbers from the period 1999 to 2001 have been divided equally across each fiscal year. This number may not reflect actual spending for each of the fiscal years.

Appendix 3

Contact Information

More information on several of the initiatives in this report, and on other Government of Canada services for children and their families can also be found in:

Services for Children: Guide to Government of Canada Services for Children and Their Families
available at: www.cio-bic.gc.ca/children-enfants or by calling 1 800 O-Canada

Additional information can also be obtained by contacting the responsible federal government departments at:

Canada Customs and Revenue Agency:

For General Tax Enquiries:
1 800 959-8281
TTY Enquiry Service: 1 800 665-0354
Website: www.ccra-adrc.gc.ca
Tax Information Phone Services (T.I.P.S.):
1 800 267-6999 (24 hours/7 days a week)
T.I.P.S. Online: www.ccra-adrc.gc.ca/tips
Or visit your local tax services office

Health Canada:

Division of Childhood and Adolescence
Health Canada
Jeanne Mance Building
Postal Locator 1909C2
Ottawa, Ontario K1A 0K9
Telephone: (613) 952-1220
Facsimile: (613) 952-1556
Email: children@hc-sc.gc.ca
Website: www.hc-sc.gc.ca/childhood-youth

Human Resources Development Canada:

Children's Policy
Human Resources Development Canada
3rd Floor, Place du Portage, Phase IV
140 Promenade du Portage
Hull, Quebec K1A 0J9
Telephone: (819) 994-1636
Facsimile: (819) 994-1506
Email: childrenspolicy-politiquesenfants@hrdc-drhc.gc.ca
Website: www.hrdc-drhc.gc.ca

Indian and Northern Affairs Canada:

Children's Programs
Indian and Northern Affairs Canada
19th Floor, 10 Wellington Street
Hull, Quebec K1A 0H4
Telephone: (819) 997-8146
Facsimile: (819) 953-9139
Email: childrensprograms@inac.gc.ca
Website: www.ainc-inac.gc.ca/pe-cp

Justice Canada:

National Crime Prevention Centre
Department of Justice Canada
284 Wellington Steet
Ottawa, Ontario K1A 0H8
Telephone: 1 877 302-NCPC/CNPC
Or (613) 941-9306
Facsimile: (613) 952-3515
Email: ncpc@crime-prevention.org
Website: www.crime-prevention.org

National Defence:

Director Military Family Services
Canadian Forces Personnel Support Agency
Department of National Defence
245 Cooper Street
Ottawa, Ontario K2P 0G2
Telephone: (613) 995-6792
Facsimile: (613) 995-2178
Website: www.cfpsa.com

Appendix 4

Related Websites and Information

Aboriginal Head Start Initiative
(Urban and Northern Communities)
www.hc-sc.gc.ca/ahs

Canada Child Tax Benefit
www.ccra-adrc.gc.ca/benefits or
call 1 800 387-1193

Canada Pension Plan Disability and Survivor Benefits
www.hrdc-drhc.gc.ca/isp click on "Canada Pension Plan" and then scroll down to "Benefit Information"

Canada Prenatal Nutrition Program
www.hc-sc.gc.ca/childhood-youth

Canadian Childhood Cancer Surveillance and Control Program
www.hc-sc.gc.ca/english/cancer.htm click on "childhood cancer"

Canadian Hospitals Injury Reporting and Prevention Program
www.hc-sc.gc.ca/hpb/lcdc/brch/injury.html scroll down to "CHIRPP"

Canadian Perinatal Surveillance System
www.hc-sc.gc.ca choose "pregnancy" from the menu on the left

Centres of Excellence for Children's Well-Being
www.hc-sc.gc.ca/centres or call 1 800 815-8979

Child Care Expense Deduction
www.ccra-adrc.gc.ca/tax/individuals/taxkit2000/fs_childcare-e.html or call 1 800 959-8281

Child Health Record
www.healthcanada.ca/chr

The Canadian Incidence Study of Reported Child Abuse and Neglect
www.hc-sc.gc.ca click on "Children" and then "Child Maltreatment Division"

Children's Special Allowances
www.ccra-adrc.gc.ca/benefits/children_special_allowances-e.html

Community Action Program for Children
www.hc-sc.gc.ca/childhood-youth

Early Childhood Development Agreement
www.socialunion.gc.ca, click on "National Children's Agenda"

Employment Insurance: Maternity and Parental Benefits
www.hrdc-drhc.gc.ca/ae-ei - click on "Types of Benefits"

Family-Centred Maternity and Newborn Care: National Guidelines
http://www.hc-sc.gc.ca/hppb/childhood-youth/cyfh/child_and_youth/physical_health/maternity.html

Fetal Alcohol Syndrome/Fetal Alcohol Effects Initiative
www.healthcanada.ca/fas

First Nations and Inuit Child Care Initiative
www.hrdc-drhc.gc.ca/aro click on "Child Care"

First Nations Head Start
www.hc-sc.gc.ca/fnihb/chp

Goods and Services/Harmonized Sales Tax Credit
www.ccra-adrc.gc.ca/benefits/gst_hst-e.html or call 1 800 959-1953

Health Transition Fund
http://www.hc-sc.gc.ca/htf-fass

Infotobacco.com
www.infotobacco.com

Military Family Resource Centres
www.cfpsa.com

National Child Benefit
www.socialunion.gc.ca

National Children's Agenda
www.socialunion.gc.ca

National Clearinghouse on Family Violence/The Family Violence Initiative
www.hc-sc.gc.ca click on "Family Violence" or call 1 800 267-1291

National Longitudinal Survey of Children and Youth
www.hrdc-drhc.gc.ca/nlscy-elnej

National Strategy on Community Safety and Crime Prevention
www.crime-prevention.org

Nobody's Perfect
www.hc-sc.gc.ca choose "Parenting" in the menu on the left

Population Health Fund
www.hc-sc.gc.ca/hppb/phdd

Postpartum Parent Support Program
www.hc-sc.gc.ca/hppb/childhood-youth/guide/health_prenatal/postpartum.htm

Reducing the Risk of Sudden Infant Death Syndrome (SIDS)
www.back-to-sleep.com

Understanding the Early Years Initiative
www.hrdc-drhc.gc.ca/nlscy-elnej